

Commonwealth of Massachusetts.

No. 10 #1

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Otto Peter Zettler in the Town of Southborough, does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, <u>Nov. 15, 1901</u>	Name of father, <u>Benedict Zettler</u>
Name of child, <u>Otto Peter Zettler</u>	Maiden name of mother, <u>Agathe Eibeler</u>
Sex, <u>Male</u>	Residence of parents, <u>Southboro</u> (at time the birth occurred.)
Color, <u>White</u>	Occupation of father, <u>Farmer</u> (at time the birth occurred.)
Condition (twin, &c.),	Birthplace of father, <u>Germany</u>
Place of birth, <u>Southboro</u>	Birthplace of mother, <u>Germany</u>

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.
<u>Benedict Zettler</u>	<u>Marlboro 106 Newton St.</u>	<u>Father</u>
<u>Agathe Zettler</u>	<u>Marlboro 106 Newton St.</u>	<u>Mother</u>

Date, Southborough Nov. 12, 1913

Then personally appeared before me the persons whose signatures appear above and made oath that the statements subscribed to by them are true.

Charles H. Newton Clerk.
(City or town.)

Recorded _____

Of Southborough Mass.

Certificate of Baptism



Church of

Sf Anne
Southboro

— This is to Certify —

That Irene M'Evoy
Child of Michael M'Evoy
and Ana Sullivan
born in Southboro Mass

(CITY)

(STATE)

on the 24th day of July 19 00

was **Baptized**

on the 29th day of July 19 01

According to the Rite of the Roman Catholic Church
by the Rev. W T Tunner

the Sponsors being { Timothy Foley
Hellie Sullivan

as appears from the Baptismal Register of this Church.

Dated June 10, 1966

Thomas J. Ribey
Pastor

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

See reverse side for affidavit.

25M-2-62-932278

1 PLACE OF BIRTH
 Worcester
 (County)
 Southborough
 (City or Town)
 No.



The Commonwealth of Massachusetts

KEVIN H. WHITE
 SECRETARY OF THE COMMONWEALTH
 DIVISION OF VITAL STATISTICS

(City or Town making this return)

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

Registered No.

Deposition No. #1 #24

STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Ella Bertoloni

3 Sex F 4 If plural Births { (a) Twin, triplet or other..... 5 Total number of children born 6 Date
 3a Color W (b) Number, in order of birth..... alive previous to this birth..... of Birth March 11, 1902
 (Month) (Day) (Year)

7 FATHER
 FULL NAME Caesar Bertoloni

13 MOTHER
 MAIDEN NAME Theresa Repetti
 PRESENT NAME

8 RESIDENCE, NO. STREET
 CITY OR TOWN Southborough STATE Mass.

14 RESIDENCE, NO. STREET
 CITY OR TOWN Southborough STATE Mass.

9 COLOR OR RACE White 10 AGE (YEARS)

15 COLOR OR RACE White 16 AGE (YEARS)

11 PLACE OF BIRTH Italy
 (City or Town) (State or Country)

17 PLACE OF BIRTH Italy
 (City or Town) (State or Country)

12 OCCUPATION Laborer

18 OCCUPATION

19 ATTENDANT AT BIRTH OR INFORMANT..... (Name) (Physician, parent or other, etc.)

ADDRESS NO. ST., (City or Town)

20 Original Return Received (Month) (Day) (Year)

21 Original Record: Vol. Page No.

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the
Town of Southborough, in accordance with the provisions of Gen. Laws,
 (City or Town) (Name of City or Town)
 Chapter 46, Section 13, this 6th day of January 1967, and a copy of these corrections and affidavit
 has been transmitted to the Secretary of the Commonwealth.

Thomas F Burke
 (Registrar)

DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts }
County of.....Worcester..... } SS.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of
Ella Bertolini in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)
does not fully and correctly state last name of child, last name of father,
last name of mother
Item(s) 2, 7, 13, and that the true statement of facts omitted or incorrectly stated in
said record has been supplied by her on the form of certificate on the other side of this blank.
(Him or her)

SIGNATURE

RESIDENCE

(City or town, street and number, if any)

Relation to child, if any

Ella Bertolini M. P. Burke 138 Arthur St. Framingham, Mass.

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate
the affidavit was: Baptismal certificate

Then personally appeared before me the person whose signature appear above and made oath
that the statements subscribed to by her are true.
Date, January 6, 1967 Name Thomas J. Burke
Town Clerk
Official designation Town Clerk
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

Certificate of Baptism



Church of

St Anne
Saunderland

— This is to Certify —

That Ella Bertoloni

Child of Caesar Bertoloni

and Theresa Repetti

born in Fayville Mass
(CITY) (STATE)

on the 11th day of March 1902

was **Baptized**

on the 30th day of March 1902

According to the Rite of the Roman Catholic Church
by the Rev. William T. Ferrera

the Sponsors being { Fernando Repetti
Melinda Berri

as appears from the Baptismal Register of this Church.

Dated Jan 5, 1967

Thomas J. Gibney
Pastor

The Commonwealth of Massachusetts

No. 18

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(Revised Laws, Chap. 29.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Veresa Bertolini in the town of Southborough (Name of child.) (City or town.) (Name of city or town.)

does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record:—

Date of birth, <u>March 11, 1902</u>	Name of father, <u>Cesare Bertolini</u>
Name of child, <u>Ella Bertolini</u>	Maiden name of mother, <u>Veresa Raffeddi</u>
Sex, <u>Female</u>	Residence of parents, <u>Southborough</u> (At time the birth occurred.)
Color, <u>White</u>	Occupation of father, <u>Laborer</u> (At time the birth occurred.)
Condition (twin, &c.), <u>Single</u>	Birthplace of father, <u>Italy</u>
Place of birth, <u>Southborough</u>	Birthplace of mother, <u>Italy</u>

SIGNATURE.

Cesare Bertolini

RESIDENCE.

(City or town, street and number, if any.)

Southboro

Relation to child, if any.

Father

Date, July 9, 1918

Then personally appeared before me the person whose signature appears above and made oath that the statements subscribed to by him are true.

(City or town.) Clerk.

Recorded

Of Mass.

The Commonwealth of Massachusetts

No. LK #2

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(Revised Laws, Chap. 29.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Ruby Phyllis Hodge in the Town of Southborough, does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted ~~or incorrectly stated~~ in said record:—

Date of birth, <u>May 26</u> <u>1902</u>	Name of father, <u>Emel C. Hodge</u>
Name of child, <u>Ruby Phyllis Hodge</u>	Maiden name of mother, <u>Grace Melcup</u>
Sex, <u>Female</u>	Residence of parents, <u>Southborough Mass</u> (At time the birth occurred.)
Color, <u>White</u>	Occupation of father, <u>Laborer</u> (At time the birth occurred.)
Condition (twin, &c.)	Birthplace of father, <u>Southborough</u>
Place of birth, <u>Southborough Mass</u>	Birthplace of mother, <u>Southborough</u>

SIGNATURE.

RESIDENCE.
(City or town, street and number, if any.)

Relation to child, if any.

Amel Bacon M.D.

Southboro, Mass

Date, Southborough Aug 1916

Then personally appeared before me the person whose signature appears above and made oath that the statements subscribed to by him are true.

Charles H. Newton Town Clerk.
(City or town.)

Recorded _____

Of _____ Mass.

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption. See reverse side for affidavit.

25X-11-59-926662

1 PLACE OF BIRTH
 {
 Worcester (County)
 Southborough (City or Town)
 No. STREET WARD {



The Commonwealth of Massachusetts
 JOSEPH D. WARD
 SECRETARY OF THE COMMONWEALTH
 DIVISION OF VITAL STATISTICS
**AFFIDAVIT AND CORRECTION
 OF A RECORD OF BIRTH**

(City or Town making this return)

Registered No. #3

Deposition No. #27

{(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD... Sereno William Johnson

3 Sex	4 { If plural Births {	(a) Twin, triplet or other.....	5 Born ALIVE or STILLBORN	6 Date of Birth. Aug. 8, 1902 (Month) (Day) (Year)
3a Color	(b) Number, in order of birth.....			

7 FATHER
 FULL NAME
 James B. Johnson

13 MOTHER
 MAIDEN NAME Lexy J. Campbell
 PRESENT NAME

8 RESIDENCE, NO. Southborough
 (At time of birth or adoption) STREET
 CITY OR TOWN Southborough STATE Mass.

14 RESIDENCE, NO. STREET
 (At time of birth or adoption)
 CITY OR TOWN Southborough STATE Mass.

9 COLOR OR RACE White
 10 AGE AT TIME OF BIRTH OR ADOPTION (YEARS)

15 COLOR OR RACE White
 16 AGE AT TIME OF BIRTH OR ADOPTION (YEARS)

11 PLACE OF BIRTH Southborough Mass.
 (City or Town) (State or Country)

17 PLACE OF BIRTH Nova Scotia
 (City or Town) (State or Country)

12 OCCUPATION Farmer
 (At time of birth or adoption)

18 OCCUPATION
 (At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT..... (Name) (Physician, parent or other, etc.)

ADDRESS NO. ST.,
 (City or Town)

20 Original Return Received Jan. 5, 1903 (Month) (Day) (Year)
 21 Original Record: Vol. Page No.

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the
 Town Southborough (City or Town) of Southborough (Name of City or Town), in accordance with the provisions of Gen. Laws,

Chapter 46, Section 13, this 21st day of August 1908, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

Eleanna Z Burke
 (Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of William Sereno Johnson in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by him on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

RESIDENCE
(City or town, street and number, if any)

Relation to child, if any

Sereno William Johnson

120 Northboro Rd

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Entry in family Bible

Date, August 21, 1968

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Name

Thomas J Burke

Official designation

Town Clerk

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

May 15, 1967

OLIVIA LOWRY
Mrs. Gilbert Myra
Lake Charolette
Halifax Co.
Nova Scotia, Canada

Dear Mrs. Myra:

Enclosed please find the following per your request:

Baptism certificate
Letters from Rev. Cheney (2)
Paper clipping.

Very truly yours,

Eleonora F. Burke, Town Clerk

EFB:b
enc.

July 14, 1940.

Dear Olivia: -

Miss Elnell was here yesterday and told me of your marriage and of your request for a letter -

Please accept my congratulations and best wishes -

I am enclosing a letter which I think will meet your requirements and which you can give to the clergyman in charge of the church which you wish to attend - With best wishes to your mother and to you,
I am, Yours very truly,
Robert F. Cheney.

July 15, 1940.

To whom it may concern:—

This is to certify that Olivia [Lowrey] Brown was baptized in St. Mark's Church, Southborough, Mass.; on March 22, 1903. She was confirmed in St. Mark's Church, March 9, 1917 by Bishop William Lawrence and was a communicant of this Parish until her removal to Nova Scotia. She is hereby recommended to the pastoral care of the minister in charge of any church which she may wish to attend.

Robert F. Cheney,
Rector of St. Mark's Church,
Southborough, Mass.

JOHN LOWRY HEAT VICTIM

Southboro Resident Is
Stricken: Dies Early
Today

Southboro—John Lowry, 61, one of the best known men in town for the past quarter century, janitor at Peters High school, died at his home on Walter street, of heat prostration, at 2 o'clock this morning. He was stricken during the recent heat spell and sank slowly until overtaken by death this morning.

Born in Greenock, Scotland, he came to this country when a lad 16 years of age. For many years he was gardener on the estate of the late Harry Barnett in the western section of the town. Twenty-five years ago he was appointed janitor of the high school building on Main street.

Besides his widow, Mrs. Mary Lowry, he leaves a daughter, Miss Ella Lowry both of this town. The funeral will be held from his late home at 2 o'clock, Friday afternoon, Rev. Robert F. Cheney, rector of St. Mark's church, will officiate. Interment will be in Rural cemetery.

Will the Name of the Father in the Holy Spirit be of the same kind as the Father in the Holy Spirit.

THIS CERTIFICATE IS A
WEDNESDAY

ADULT BAPTISM

on the twenty-third day of March

George P. B.

Lucy H. H.

Who of the same

John Henry

1890

St. Mark's Church
Southwight
Mass

Town Clerk,
Southboro Mass.

Sept 19/66.

Dear Mr Burke:

I am sending some papers
I hope they will help you
they are Old and if you
would please send them back?
and what ever the Charge
is let me no.

Thank you.

Yours Truly

New Albert Meyers

OLIVIA LOWRY

April 3/67.

Joan Clerk,
Sutherland,
Mass.

Dear Miss Burk:
Could I have my papers I sent to
you. and thank you for your
trouble.


Mrs G. O. Meyer
Lake Charlotte, Ala.
Mrs. Scott
Canada.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

25m-9-37. No. 1859-d.

1 PLACE OF BIRTH (COUNTY) <u>Worcester</u> (CITY OR TOWN) <u>Southborough</u>				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH		(CITY OR TOWN MAKING THIS RETURN) Registered No. <u>8</u> Deposition No. <u>#1</u>	
NO.		STREET		WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2 FULL NAME OF CHILD <u>Wilbur Francis Hosmer</u>							
3 Sex <u>M</u>	4 If plural Births <u>4</u>	(a) Twin, triplet or other. <input checked="" type="checkbox"/>	5 Born ALIVE or STILLBORN <u>alive</u>	6 Date of Birth <u>march 26 1903</u>			
3a Color <u>W</u>	(b) Number, in order of birth. <u>✓</u>				(MONTH)	(DAY)	(YEAR)
7 FATHER FULL NAME <u>Irving Sylvester Hosmer</u>				13 MOTHER MAIDEN NAME <u>Nellie Agnes Pouty</u> PRESENT NAME <u>Nellie Agnes Hosmer</u>			
8 RESIDENCE, No. <u>Main</u> STREET				14 RESIDENCE, No. <u>Main</u> STREET			
CITY OR TOWN <u>Southboro</u> STATE <u>Mass</u>				CITY OR TOWN <u>Southboro</u> STATE <u>Mass</u>			
9 COLOR OR RACE <u>W</u>		10 AGE AT LAST BIRTHDAY <u>70</u> (YEARS)		15 COLOR OR RACE <u>W</u>		16 AGE AT LAST BIRTHDAY <u>69</u> (YEARS)	
11 PLACE OF BIRTH <u>Southboro Mass</u> (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH <u>Liverpool, England</u> (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION <u>Farmer</u>				18 OCCUPATION <u>Housewife</u>			
19 ATTENDANT AT BIRTH OR INFORMANT <u>Dr. S. P. Jones</u> (NAME) <u>physician</u> (PHYSICIAN, PARENT OR OTHER, ETC.)							
ADDRESS No. STREET <u>Marlboro</u> (CITY OR TOWN) <u>Mass</u>							
20 Original return received <u>April 10 - 1903</u> (Month) (Day) (Year)				21 Original Record: Vol. Page No.			
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the <u>in</u> of <u>Southboro</u> , in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this <u>27th</u> day of <u>April</u> 19 <u>03</u> , and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.							
<u>Am. Hosmer</u> (Registrar)							

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } SS.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of William J. Hosmer in the town of Southborough,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by him on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

Irving S. Hosmer
Nellie A. Hosmer

RESIDENCE

(City or town, street and number, if any)

Main St. - Southboro

Main St. - Southboro

Relation to child, if any

Father

Mother

FURTHER, The written evidence submitted to substantiate the affidavit was:

Date, October 8 - 1940

Then personally appeared before me the person whose signatures appear above and made oath that the statements subscribed to by them are true.

Name Charles J. Sanborn

Official designation Town Clerk

(City or town clerk, assistant clerk or registrar)

MARGIN RESERVED FOR BINDING


Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

20M-11-29. No. 7182-g

1 PLACE OF BIRTH Worcester (COUNTY) Southboro (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH		Southboro (CITY OR TOWN MAKING THIS RETURN)	
NO. Pleasant		STREET		WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD John August Baveri					
3 Sex	4 If plural Births	a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date of Birth	
3a Color		b) Number, in order of birth		(MONTH)	(DAY) (YEAR)
7 FATHER FULL NAME Friedrich Baveri			13 MOTHER MAIDEN NAME Julia Egan PRESENT NAME Julia Baveri		
8 RESIDENCE, No. Pleasant St. CITY OR TOWN Southboro STATE Mass			14 RESIDENCE, No. Pleasant - CITY OR TOWN Southboro STATE Mass		
9 COLOR OR RACE wh	10 AGE AT LAST BIRTHDAY		15 COLOR OR RACE m	16 AGE AT LAST BIRTHDAY	
11 PLACE OF BIRTH Italy (CITY OR TOWN) (STATE OR COUNTRY)		17 PLACE OF BIRTH Italy (CITY OR TOWN) (STATE OR COUNTRY)		18 OCCUPATION	
12 OCCUPATION Husband			19 SIGNATURE OF ATTENDANT AT BIRTH Amory Maitre Bismarck Du Wood M.D. (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)		
ADDRESS No. Pleasant St.			STREET Ashland Mass (CITY OR TOWN)		
20 Original return received July 7 - 1943 (Month) (Day) (Year)			21 Original Record: Vol. Page 5 No.		
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Im of Southboro, in accordance with the provisions of Gen. Laws, (City or town) (Name of city or town) Chapter 46, Section 13, this 22 ^d day of November 1937, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth. Is correction made under provisions of Chap. 281, Acts of 1925? <u>C. L. Sailer Jr.</u> (Registrar)					

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Primo Alfredo Bonavara in the Jun of Southborough,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

RESIDENCE

(City or town, street and number, if any)

Relation to child, if any

<u>mae Maria Bonavara</u>	<u>Res. at 81 Southboro</u>	<u>3</u>

FURTHER, The evidence submitted to substantiate the affidavit was:

Personal knowledge of all the facts

Is correction made under the provisions of Chap. 281 of the Acts of 1925?.....

Date, November 22-1937

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name C. J. Gaudin

Official designation Jun Clerk

(City or town clerk, assistant clerk or registrar)

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Subsequently acquired names, whether by adoption through legal procedure, or by common usage, cannot be the basis for an amendment or correction of the original record.

MARGIN RESERVED FOR BINDING

1X

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	June 13 1903
Full Name of Child, . . .	Arms Alfreda Bovinaire
Sex, Color and if Twin, . .	Male White
Place of Birth,	Fayville Mass (Southboro)
Full Name of Father, . . .	Fred. Bovinaire
Maiden Name of Mother, .	Julia Eazne
Residence of Parents, . . .	Fayville Mass
Occupation of Father, . . .	Farmer
Birthplace of Father, . . .	Palma Italy
Birthplace of Mother, . . .	Pianenze Italy

Dated at

June 14 1903

190

 Signature and residence
of person making return.

 Bay Wood Md
Ashland Mass

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

See reverse side for affidavit.

50m (d)-1-41-4695

1 PLACE OF BIRTH { Worcester (County) Southborough (City or Town) NO. STREET WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH	Southborough (City or Town making this return) Registered No. Deposition No. <u>#3</u>
2 FULL NAME OF CHILD. <u>IDA. ANTONIA CHERUBINI</u>			
3 Sex <u>F</u>	4 (a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date of Birth <u>Sept. 4, 1903</u>
3a Color	If plural Births (b) Number, in order of birth.	<u>alive</u>	(Month) (Day) (Year)
7 FATHER FULL NAME <u>ANTONIO CHERUBINI</u>		13 MOTHER MAIDEN NAME <u>MARIA LUCHETTI</u> PRESENT NAME <u>MARIA CHERUBINI</u>	
8 RESIDENCE, NO. STREET (At time of birth or adoption)		14 RESIDENCE, NO. STREET (At time of birth or adoption)	
CITY OR TOWN <u>Southborough</u> STATE <u>Mass.</u>		CITY OR TOWN <u>Southborough</u> STATE <u>Mass.</u>	
9 COLOR OR RACE <u>White</u>	10 AGE AT TIME OF BIRTH OR ADOPTION <u>31</u> (YEARS)	15 COLOR OR RACE <u>White</u>	16 AGE AT TIME OF BIRTH OR ADOPTION <u>28</u> (YEARS)
11 PLACE OF BIRTH <u>Gottolengo, Italy</u> (City or Town) (State or Country)		17 PLACE OF BIRTH <u>Gottolengo, Italy</u> (City or Town) (State or Country)	
12 OCCUPATION <u>Laborer</u> (At time of birth or adoption)		18 OCCUPATION <u>Housewife</u> (At time of birth or adoption)	
19 ATTENDANT AT BIRTH OR INFORMANT. <u>Dr. Baker</u> (Name) (Physician, parent or other, etc.)			
ADDRESS NO. ST. (City or Town)			
20 Original Return Received. <u>Sept</u> <u>5</u> <u>1903</u> (Month) (Day) (Year)		21 Original Record: Vol. <u>3</u> Page <u>5</u> No. <u>23</u>	
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the <u>Ida</u> <u>Southborough</u> of <u>Ida</u> (City or Town) (Name of City or Town) Chapter 46, Section 13, this day of 19....., and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth. (Registrar)			

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Jenni Chalabrine in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
<u>Antonia Cherubini</u>	<u>19 Curran St. Clinton, Mass</u>	<u>Father</u>
<u>Maria Cherubini</u>	<u>" " " " "</u>	<u>Mother</u>

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

copy of Baptismal record from St. John's Church
in Clinton, Mass.

Date, January 21, 1942

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by them are true.

Name August G. Bonagoli
Notary Public

Official designation.....
(City or town clerk, assistant clerk, or registrar)

My Commission Expires Dec. 16, 1945

MARGIN RESERVED FOR BINDING
Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.


MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

20m-10-738, No. 5193-d

1	PLACE OF BIRTH	usa (COUNTY)			The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(CITY OR TOWN MAKING THIS RETURN)
		Southborough (CITY OR TOWN)			AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH		Registered No. _____ Deposition No. #3-A
NO. main street		FAYVILLE		STREET		WARD { If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD Gladys Phoebe Smith							
3 Sex		4 { (a) Twin, triplet or other If plural Births (b) Number, in order of birth		5 Born ALIVE or STILLBORN		6 Date June 19 1903 (MONTH) (DAY) (YEAR)	
3a Color							
7 FATHER FULL NAME Nathan F. Smith				13 MOTHER MAIDEN NAME Abigail E. Henrich PRESENT NAME Abigail S. Smith			
8 RESIDENCE, NO. _____ STREET _____ (AT TIME OF BIRTH OR ADOPTION)				14 RESIDENCE, NO. main st STREET _____ (AT TIME OF BIRTH OR ADOPTION)			
CITY OR TOWN Southborough STATE mass				CITY OR TOWN Fayville STATE mass			
9 COLOR OR RACE white		10 AGE AT TIME OF BIRTH OR ADOPTION 35 (YEARS)		15 COLOR OR RACE white		16 AGE AT TIME OF BIRTH OR ADOPTION 21 (YEARS)	
11 PLACE OF BIRTH Southborough mass (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH Stear (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION Laborer (AT TIME OF BIRTH OR ADOPTION)				18 OCCUPATION Housewife (AT TIME OF BIRTH OR ADOPTION)			
19 Attendant at birth or informant Doc Bacon (NAME)				(PHYSICIAN, PARENT OR OTHER, ETC.)			
Address No. _____ St. Southborough (CITY OR TOWN)							
20 Original return received _____ (MONTH) (DAY) (YEAR)				21 Original Record: Vol. _____ Page _____ No. _____			
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the _____ _____ of _____, in accordance with the provisions of Gen. Laws, (CITY OR TOWN) (NAME OF CITY OR TOWN) Chapter 46, Section 13, this _____ day of _____ 19 _____, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.							

(REGISTRAR)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Middlesex } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Gladys Phoebe Smith in the _____ of Southborough
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

RESIDENCE

(City or town, street and number, if any)

Relation to child, if any

mother

FURTHER, The evidence in writing made near the time of birth submitted to substantiate the affidavit was:

Gare to Dock Bacon

Date,

June 6 1903

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by _____ are true.

Name _____

Official designation _____

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

20m-10-38. No. 5193-d

1 PLACE OF BIRTH *Southborough* (CITY OR TOWN) *Southborough* (COUNTY) *no volume no evidence*

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
AFFIDAVIT AND CORRECTION
OF A RECORD OF BIRTH

Registered No. _____
Deposition No. *#3-A*

NO. _____ STREET _____ WARD _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD *Gladys Phoebe Smith*

3 Sex *Fe* 4 *1* (a) Twin, triplet or other *one* 5 Born ALIVE or STILLBORN *Alive* 6 Date *June 19, 1903*
(MONTH) (DAY) (YEAR)

3a Color *W.* 4 *1* If plural Births (b) Number, in order of birth

7 FATHER
FULL NAME *Nathan F. Smith*

8 RESIDENCE, NO. _____ STREET _____
(AT TIME OF BIRTH OR ADOPTION)
CITY OR TOWN *Southborough* STATE *Mass*

9 COLOR *White* 10 AGE AT TIME OF BIRTH OR ADOPTION *34* (YEARS)

11 PLACE OF BIRTH *Southborough Mass.*
(CITY OR TOWN) (STATE OR COUNTRY)

12 OCCUPATION *Laborer*
(AT TIME OF BIRTH OR ADOPTION)

13 MOTHER
MAIDEN NAME *Abigail Verrick*
PRESENT NAME *Smith*

14 RESIDENCE, NO. _____ STREET _____
(AT TIME OF BIRTH OR ADOPTION)
CITY OR TOWN *Southborough* STATE *Mass.*

15 COLOR *White* 16 AGE AT TIME OF BIRTH OR ADOPTION *30* (YEARS)

17 PLACE OF BIRTH *Stow Mass.*
(CITY OR TOWN) (STATE OR COUNTRY)

18 OCCUPATION *Housewife*
(AT TIME OF BIRTH OR ADOPTION)

19 Attendant at birth or informant *Baton* (NAME)
Address No. _____ St. *Southborough Mass* (CITY OR TOWN)

20 Original return received _____ (MONTH) (DAY) (YEAR)

21 Original Record: Vol. _____ Page _____ No. _____

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the *Clerk*
Town of *Southborough* (CITY OR TOWN) (NAME OF CITY OR TOWN), in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this _____ day of _____, 19____, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

(REGISTRAR)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of _____ } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Gladys Bebe Smith in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

Abigail C Smith

RESIDENCE

(City or town, street and number, if any)

Holton road
Statham

Relation to child, if any

Mother

FURTHER, The evidence in writing made near the time of birth submitted to substantiate the affidavit was:

Mother's statement

Date, _____

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name _____

Official designation _____

(City or town clerk, assistant clerk, or registrar)

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING

PLACE OF BIRTH

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICSCounty of Worcester

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

(Issued under the provisions of Revised Laws, Chap. 29, Sec. 14)

City or
Town of SouthboroughRegistered No. Deposition No. #5No. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Edward Lawrence Spurr3 Sex of
ChildMale4 Twin,
triplet,
or other ?

(To be answered only in event of plural births)

4a Number
in order
of birth5 Born alive or still-
born6 Date of
birthOct 3rd 1903
(Month) (Day) (Year)

FATHER

7 FULL
NAMEHarry Beard Spurr

9 RESIDENCE NO.

(At time the birth occurred)

Northboro Road

ST.

Southborough Mass
(City or town)11 COLOR
OR RACEWhite12 AGE AT LAST
BIRTHDAY27 YEARS
(At time the birth occurred)

15 BIRTHPLACE

Yorbrook Minas Nova Scotia
(City or town) (State or country)13 COLOR
OR RACEWhite14 AGE AT LAST
BIRTHDAY24 YEARS
(At time the birth occurred)

16 BIRTHPLACE

Paris Vermont
(City or town) (State or country)

17 OCCUPATION

(At time the birth occurred)

Farmer

18 OCCUPATION

(At time the birth occurred)

Housewife

19 Attendant at birth or informant

(If there was no physician or midwife attendant,
draw line through "attendant at birth or")Dr E H Ellis

(Name)

(Physician, midwife, father, or other)

Address No.

Mechanic

St.

Marlboro Mass
(City or town)

20 Original return received

(Month)

(Day)

(Year)

21 Original Record: Vol.

Page

No.

22 The above corrections with reference to the statement on the back of this blank have been entered upon the
birth records of the Jan of Southborough, in accordance with the provisions of Re-
(City or town) (Name of city or town)vised Laws, Chapter 29, Section 14, this 20th day of November 1922, and a copy of these corrections
and affidavit has been transmitted to the Secretary of the Commonwealth.Cum. L. Gentry

City or town clerk or registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH BLACK RECORD INK—THIS IS A PERMANENT RECORD

See reverse side for affidavit

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } SS.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Edward Laurence Spurr in the town of Southborough
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)

does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by Him on the form of certificate on the other side of this blank.
(Him or her)

SIGNATURE

RESIDENCE

(City or town, street and number, if any)

Relation to child, if any

Harry Beard Spurr
Eva Annie Spurr

Northboro Road Southboro;
Northboro Road Southboro;

Father
Mother

Date, Southborough, Nov. 20-1922

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by Him are true.

Name

Wm. L. Fairbanks

Official designation

Town Clerk

(City or town clerk or assistant clerk, notary public, or other officer authorized to administer oaths for general purposes)

MARGIN RESERVED FOR BINDING

If the record relating to a birth * * * does not contain all the required facts, or if it not correctly stated therein, the city or town clerk shall receive an affidavit containing the facts required for record, if made by a person who was required by law to furnish the information for the original record, or, at the discretion of the city or town clerk, by one or more credible persons having knowledge of the case. He shall file such affidavit and record it * * * and forthwith, if a copy of the record has been sent to the secretary of the commonwealth, shall forward to the secretary a certified copy of the corrected record * * *. Rev. Laws, Chap. 20, Sec. 14.

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

See reverse side for affidavit.

25M-11-59-926662

Worcester (County)				The Commonwealth of Massachusetts JOSEPH D. WARD SECRETARY OF THE COMMONWEALTH DIVISION OF VITAL STATISTICS		(City or Town making this return)	
Southborough (City or Town)		AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH		Registered No.		Deposition No. 415 #1	
No.		STREET		WARD		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD Rose Bonazzoli							
3 Sex F	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date of Birth March 31, 1904	(Month) (Day) (Year)		
3a Color W	(b) Number, in order of birth						
7 FATHER FULL NAME Charles Bonazzoli				13 MOTHER MAIDEN NAME Catherine Brichini PRESENT NAME			
8 RESIDENCE, NO. STREET (At time of birth or adoption) Southborough Mass.				14 RESIDENCE, NO. STREET (At time of birth or adoption) Southborough Mass.			
9 COLOR OR RACE White		10 AGE AT TIME OF BIRTH OR ADOPTION (YEARS)		15 COLOR OR RACE White		16 AGE AT TIME OF BIRTH OR ADOPTION (YEARS)	
11 PLACE OF BIRTH Italy (City or Town) (State or Country)		17 PLACE OF BIRTH Italy (City or Town) (State or Country)					
12 OCCUPATION Laborer (At time of birth or adoption)				18 OCCUPATION (At time of birth or adoption)			
19 ATTENDANT AT BIRTH OR INFORMANT (Name) (Physician, parent or other, etc.)							
ADDRESS NO. ST., (City or Town)							
20 Original Return Received December 31, 1904 (Month) (Day) (Year)				21 Original Record: Vol. Page No.			
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the Town Southborough of (Name of City or Town) accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this 3rd day of August 19 02 , and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.							
Eleonora T Burke (Registrar)							

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts

County of.....Worcester.....

} ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of
Rosa Bonazola.....in the Town.....of Southborough.....
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts
omitted or incorrectly stated in said record has been supplied by.....her.....on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

RESIDENCE

Relation to child, if any

(City or town, street and number, if any)

Rosa Bonazzoli Fisher

174 Pope St 9 Hudson

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate
the affidavit was: Baptismal record

Date, August 3, 1962

Then personally appeared before me the person whose signature appear above and made oath
that the statements subscribed to by.....her.....are true.

Name

Eleanor J Burke

Official designation

Town Clerk

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.



Going therefore, teach ye all nations; baptizing
them in the name of the Father, and of the
Son, and of the Holy Ghost. Matt. 28-19

The Holy Sacrament of Baptism

This is to Certify

That Rose Bonazzoli
The Son } of Charles Bonazzoli
The Daughter } and Catherine Brichini
born in Wayne on Mar 31 1904
CITY

was Baptized on May 9 1904 in the Church of
St. Anne, Southborough Mass
CITY

according to the Rite of the Roman Catholic Church

by Rev. James Lyrnell
Sponsors were Antonio Boni
and Judith Brerani

as recorded in the Baptismal Register of this church.



SEAL OF CHURCH

Date Aug 3, 1962 Pastor Rev. George Murphy

Symbol—The fishes, or souls of the faithful, seek Baptism at
font, then enter basket, or Church.

NOTATIONS

FIRST
COMMUNION {

CONFIRMATION {

MARRIAGE {

SUBDIACONATE {

RELIGIOUS
PROFESSION {

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD
 N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.
 See reverse side for affidavit.

50m (d)-1-41-4695



Commonwealth of Massachusetts

OFFICE OF THE SECRETARY

DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

(City or Town making this return)

Registered No.

Deposition No. #2.

1 PLACE OF BIRTH (County)
 (City or Town) Southborough.....
 NO. STREET WARD { (If birth occurred in a hospital or institution,
 give its NAME instead of street and number)
 2 FULL NAME OF CHILD. Edward Carlisle Choate.....

3 Sex <u>Male</u>	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN <u>Alive</u>	6 Date of Birth <u>Dec. 29th 1904</u> (Month) (Day) (Year)
3a Color <u>White</u>	(b) Number, in order of birth.			

7 FATHER FULL NAME <u>Edward Carlisle Choate</u>	13 MOTHER MAIDEN NAME <u>Gertrude McNeil</u> PRESENT NAME
--------------------------------------------------------	-----------------------------------------------------------------------

8 RESIDENCE, NO. STREET (At time of birth or adoption) CITY OR TOWN <u>Southborough</u> STATE <u>Mass.</u>	14 RESIDENCE, NO. STREET (At time of birth or adoption) CITY OR TOWN <u>Southborough</u> STATE <u>Mass.</u>
-----------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

9 COLOR OR RACE <u>White</u>	10 AGE AT TIME OF BIRTH OR ADOPTION (YEARS)	15 COLOR OR RACE <u>White</u>	16 AGE AT TIME OF BIRTH OR ADOPTION (YEARS)
------------------------------	---------------------------------------------------	-------------------------------	---------------------------------------------------

11 PLACE OF BIRTH <u>Cambridge, Mass.</u> (City or Town) (State or Country)	17 PLACE OF BIRTH <u>Lewiston, Maine</u> (City or Town) (State or Country)
--------------------------------------------------------------------------------	-------------------------------------------------------------------------------

12 OCCUPATION <u>Farmer</u> (At time of birth or adoption)	18 OCCUPATION <u>Housewife</u> (At time of birth or adoption)
---------------------------------------------------------------	------------------------------------------------------------------

19 ATTENDANT AT BIRTH OR INFORMANT. (Name) (Physician, parent or other, etc.)
 ADDRESS NO. ST. (City or Town)

20 Original Return Received. (Month) (Day) (Year)	21 Original Record: Vol. Page. No.
--------------------------------------------------------	---------------------------------------------------

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the
 (City or Town) of (Name of City or Town), in accordance with the provisions of Gen. Laws,

Chapter 46, Section 13, this day of 19....., and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

(Registrar)

DEPOSITIC.

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
 State of Florida } ss.:
 County of Escambia }

The undersigned, being duly sworn, depose and say that the record relating to the birth of
Montgomery Choate in the Town of Southborough,
 (Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
 does not fully and correctly state all the facts relating to said birth, and that the true statement of facts
 omitted or incorrectly stated in said record has been supplied by Him on the form of certificate
 (Him or her)
 on the other side of this blank.

SIGNATURE

RESIDENCE

(City or town, street and number, if any)

Relation to child, if any

Edward C. Choate

Milton, Fla

I am that child

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate
 the affidavit was:

Baptismal Certificate.

Date, Sept. 28th. 1942

Then personally appeared before me the person whose signature appear above and made
 oath that the statements subscribed to by him are true.

Name

P. B. Maggard

Official designation

Notary Public
 (City or town clerk, assistant clerk, or registrar)

MY COMMISSION EXPIRES MARCH 18, 1944

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING

March 31, 1942.

To whom it may concern:—

This is to certify that the baptism
of Edward Choate is recorded as
follows in the Parish Register of
St. Mark's Church, Southborough, Mass.

Place and date of Baptism.

St. Mark's Church, Southborough.

Aug. 20, 1905.

Christian name

Edward

Surname

Choate

Place and date of Birth

Southborough, Mass. Dec. 29, 1905.
(Correct date 1904)

Parents

Edward Choate

Gertrude Mabel

Witnesses or Sponsors

Charles F. Choate, Jr.

John T. Burnett

Mrs. Nathaniel Bowditch

Officiating minister

George R. Hazard -

Robert F. Cheney.

Rector of St. Mark's Church.


MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

20m-10-738. No. 5193-d

1 PLACE OF BIRTH <i>Worcester</i> (COUNTY) <i>Southboro</i> (CITY OR TOWN)				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(CITY OR TOWN MAKING THIS RETURN)	
2 FULL NAME OF CHILD <i>Emerigo Michael J. Lepore</i>				AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH		Registered No. _____ Deposition No. <i>#6</i>	
3 Sex <i>male</i>		4 (a) Twin, triplet or other _____ If plural Births (b) Number, in order of birth _____		5 Born ALIVE or STILLBORN _____		6 Date <i>Dec. 8 1905</i> (MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME <i>Domenico Lepore</i>		13 MOTHER MAIDEN NAME <i>Elisabetta Zambonitto</i> PRESENT NAME <i>Elisabetta Lepore</i>		8 RESIDENCE, NO. <i>Southville</i> (AT TIME OF BIRTH OR ADOPTION) CITY OR TOWN <i>Southville</i> STATE <i>Mass</i>		14 RESIDENCE, NO. <i>Southville</i> (AT TIME OF BIRTH OR ADOPTION) CITY OR TOWN <i>Southville</i> STATE <i>Mass</i>	
9 COLOR OR RACE <i>White</i>		10 AGE AT TIME OF BIRTH OR ADOPTION <i>32</i> (YEARS)		15 COLOR OR RACE <i>White</i>		16 AGE AT TIME OF BIRTH OR ADOPTION <i>22</i> (YEARS)	
11 PLACE OF BIRTH <i>Pontina Italy</i> (CITY OR TOWN) (STATE OR COUNTRY)		17 PLACE OF BIRTH <i>Pontina Italy</i> (CITY OR TOWN) (STATE OR COUNTRY)		12 OCCUPATION <i>Laborer</i> (AT TIME OF BIRTH OR ADOPTION)		18 OCCUPATION <i>Home</i> (AT TIME OF BIRTH OR ADOPTION)	
19 Attendant at birth or informant <i>Dr. Eastman</i> (NAME) Address No. <i>unknown</i>		Physician, Parent or Other, etc. <i>Southboro</i> (CITY OR TOWN)		20 Original return received (MONTH) (DAY) (YEAR)		21 Original Record: Vol. _____ Page _____ No. _____	
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the <i>Tam of Southboro</i> (CITY OR TOWN) (NAME OF CITY OR TOWN) Chapter 46, Section 13, this <i>20</i> day of <i>May</i> 19 <i>01</i> , and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth. <i>Margaret T. McDaniel</i> REGISTRAR							

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of _____ } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Americo Lipri in the Town of Southboro
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by _____ on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

Elisabetta Lepore

RESIDENCE

(City or town, street and number, if any)

Marlboro 69 Essex St

Relation to child, if any

Mother

FURTHER, The evidence in writing made near the time of birth submitted to substantiate the affidavit was:

Baptismal Record.

Date, May 2, 1941

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name

Margaret F. McDonald

Official designation

Asst Town Clerk
(City or town clerk, assistant clerk, or registrar)

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING

Baptismal Certificate

CHURCH OF

St Anne's
Southboro, Mass

Name Emerigo Lefore

Child of Dominic Lefore

and Elizabeth Fallovalita

Born Dec 8 1905

was Baptized Aug 5 1906

According to the Rite of the Roman Catholic Church

By Rev. James J. Farrell

Sponsors { Delina Carmenato
Philomena Salermus

As appears from the Baptismal Register of this Church.

Dated May 7, 1941

Rev. Thos J. Price

Rector


MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

20m-10-38. No. 5193-d

1 PLACE OF BIRTH (COUNTY) (CITY OR TOWN)				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(CITY OR TOWN MAKING THIS RETURN)	
2 FULL NAME OF CHILD				AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH		Registered No. _____ Deposition No. <u>#4</u>	
3 Sex <u>male</u>		4 (a) Twin, triplet or other _____ (b) Number, in order of birth _____		5 Born ALIVE or STILLBORN _____		6 Date of Birth <u>July 31, 1905</u> (MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME <u>Alfred Bareri</u>		13 MOTHER MAIDEN NAME <u>Julia Eseni</u> PRESENT NAME <u>Julia Bareri</u>		8 RESIDENCE, NO. <u>Pleasant</u> STREET <u>_____</u> (AT TIME OF BIRTH OR ADOPTION)		14 RESIDENCE, NO. <u>Pleasant</u> STREET <u>_____</u> (AT TIME OF BIRTH OR ADOPTION)	
9 COLOR OR RACE <u>White</u>		10 AGE AT TIME OF BIRTH OR ADOPTION <u>34</u> (YEARS)		15 COLOR OR RACE <u>White</u>		16 AGE AT TIME OF BIRTH OR ADOPTION <u>28</u> (YEARS)	
11 PLACE OF BIRTH <u>Taranto Italy</u> (CITY OR TOWN) (STATE OR COUNTRY)		17 PLACE OF BIRTH <u>Piacenza, Italy</u> (CITY OR TOWN) (STATE OR COUNTRY)		18 OCCUPATION <u>Laborer</u> (AT TIME OF BIRTH OR ADOPTION)		19 OCCUPATION <u>Housewife</u> (AT TIME OF BIRTH OR ADOPTION)	
19 Attendant at birth or informant <u>Dr. Wood</u> (NAME)		20 Original return received _____ (MONTH) (DAY) (YEAR)		21 Original Record: Vol. <u>1905</u> Page <u>9</u> No. _____		22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the <u>Town</u> <u>Southborough</u> of <u>Southborough</u> (CITY OR TOWN) (NAME OF CITY OR TOWN) Chapter 46, Section 13, this <u>20th</u> day of <u>November</u> 19 <u>42</u> , and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.	

MAYOR T. M. BARBER
ASST (REGIST)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of _____ } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Joseph Frederick Buzzaria the Town of Fayville, Mass.
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by _____ on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

RESIDENCE

(City or town, street and number, if any)

Relation to child, if any

Mary L. Bauld

Pleasant St., Fayville
Mass.

Sister

FURTHER, The evidence in writing made near the time of birth submitted to substantiate the affidavit was: Baptismal record.

Date, November 20, 1942

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name

Margaret T. McDonald

Official designation

Asst Town Clerk
(City or town clerk, assistant clerk, or registrar)

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING

Baptismal Certificate

CHURCH OF

St Anne

Southboro, Mass

Name Joseph Baveri

Child of Alfred Baveri

and Julia Ezeri

Born Aug 31 1905

was Baptized Oct 1 1905

According to the Rite of the Roman Catholic Church

By Rev. James Tyrrell

Sponsors

Seraphina Morini

Rosina Mitchell

As appears from the Baptismal Register of this Church.

Dated Nov. 19 1942

W. R. Brophy

Rector


MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK.—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

50m-(C)-1-45-15510

See reverse side for affidavit.

1 PLACE OF BIRTH <u>Worcester</u> (County) <u>Southboro</u> (City or Town)				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(City or Town making this return) ✓
NO..... STREET..... WARD.....				AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH		Registered No. Deposition No. <u>#5</u>
2 FULL NAME OF CHILD <u>Mildred Beatrice Hodge</u>						
3 Sex <u>♀</u>	4 <u>4</u> If plural Births	(a) Twin, triplet or other	5 Born <u>ALIVE</u> or STILLBORN <u>Alive</u>	6 Date of Birth <u>Aug. 7, 1905</u> (Month) (Day) (Year)		
3a Color <u>W</u>	(b) Number, in order of birth					
7 FATHER FULL NAME <u>Ernest C. Hodge</u>			13 MOTHER MAIDEN NAME <u>Grace Wallcut</u> PRESENT NAME <u>Evan Hodge (deceased)</u>			
8 RESIDENCE, NO. <u>Prentiss</u> STREET			14 RESIDENCE, NO. <u>Prentiss</u> STREET			
CITY OR TOWN <u>Southboro</u> STATE <u>Mass</u>			CITY OR TOWN <u>Southboro</u> STATE <u>Mass</u>			
9 COLOR OR RACE <u>W</u>		10 AGE AT TIME OF BIRTH OR ADOPTION <u>33</u> (Years)		15 COLOR OR RACE <u>W</u>		16 AGE AT TIME OF BIRTH OR ADOPTION <u>31</u> (Years)
11 PLACE OF BIRTH <u>Southboro</u> <u>Mass.</u> (City or Town) (State or Country)		17 PLACE OF BIRTH <u>Southboro</u> <u>Mass</u> (City or Town) (State or Country)				
12 OCCUPATION <u>Jobbing</u> (At time of birth or adoption)		18 OCCUPATION <u>Housewife</u> (At time of birth or adoption)				
19 ATTENDANT AT BIRTH OR INFORMANT..... (Name) (Physician, parent or other, etc.)						
ADDRESS NO. ST., (City or Town)						
20 Original Return Received..... (Month) (Day) (Year)				21 Original Record: Vol. <u>3</u> Page <u>9</u> No. <u>22</u>		
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the <u>Town</u> of <u>Southborough</u> , in accordance with the provisions of Gen. Laws, (City or Town) (Name of City or Town) Chapter 46, Section 13, this <u>23rd</u> day of <u>September</u> 19 <u>52</u> , and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth. <u>John J. Sabeni</u> (Registrar)						

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts

County of Worcester

ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Ernest Hodge in the town of Southboro,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by him on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

Ernest C Hodge

RESIDENCE

(City or town, street and number, if any)

12 E. Chestnut St Sharon

Relation to child, if any

Father

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Date, Sept 10, 1952

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Name Arthur E. Collins

Official designation town clerk, Sharon
(City or town clerk, assistant clerk, or registrar)

Wor.

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

Commonwealth of Massachusetts.

No. 28 #3

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Mildred Minsner in the town of Southborough,
(Name of child.) (City or town.) (Name of city or town.)
 does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record:—

Date of birth, <u>June 21-1905</u>	Name of father, <u>Charles O Minsner</u>
Name of child, <u>Hazel Elizabeth Minsner</u>	Maiden name of mother, <u>Lilly Reynolds</u>
Sex, <u>Female</u>	Residence of parents, <u>Southborough</u> <small>(at time the birth occurred.)</small>
Color, <u>White</u>	Occupation of father, <u>Foreman - St Marks School</u> <small>(at time the birth occurred.)</small>
Condition (twin, &c.), <u>-</u>	Birthplace of father, <u>New Scotia</u>
Place of birth, <u>Southborough</u>	Birthplace of mother, <u>Nova Scotia</u>

SIGNATURE.

RESIDENCE.

(City or town, street and number, if any.)

Relation to child, if any.

Charles O Minsner

Southborough

Father

Date, September 25-1926

Then personally appeared before me the person whose signature appears above and made oath that the statements subscribed to by him are true.

Chas. L. Fairbanks
(City or town.)

Clerk.

Recorded _____

Of Southborough Mass.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

See reverse side for affidavit.

25M-2-62-932278

1 PLACE OF BIRTH
Suffolk
 (County)
Boston
 (City or Town)
 No. STREET WARD



The Commonwealth of Massachusetts

KEVIN H. WHITE
 SECRETARY OF THE COMMONWEALTH
 DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

Southborough

(City or Town making this return)

Registered No.

Deposition No. #2 #17

No. STREET WARD {If birth occurred in a hospital or institution,
 {give its NAME instead of street and number}

2 FULL NAME OF CHILD. **Helen Frances Butler**

3 Sex **F** 4 (a) Twin, triplet or other..... 5 Total number of children born 6 Date
 3a Color **W** If plural Births { (b) Number, in order of birth..... alive previous to this birth..... of Birth **March 9, 1905**
 (Month) (Day) (Year)

7 FATHER
 FULL NAME **Dearborn J. Butler**

13 MOTHER
 MAIDEN NAME **Delia G. McDonough**
 PRESENT NAME **Delia G. Butler**

8 RESIDENCE, NO. STREET
 CITY OR TOWN **Southborough** STATE **Mass.**

14 RESIDENCE, NO. STREET
 CITY OR TOWN **Southborough** STATE **Mass.**

9 COLOR OR RACE **White** 10 AGE (YEARS)

15 COLOR OR RACE **White** 16 AGE (YEARS)

11 PLACE OF BIRTH **Wakefield, N.H.**
 (City or Town) (State or Country)

17 PLACE OF BIRTH **Southborough, Mass**
 (City or Town) (State or Country)

12 OCCUPATION **Farmer**

18 OCCUPATION

19 ATTENDANT AT BIRTH OR INFORMANT..... (Name) (Physician, parent or other, etc.)

ADDRESS NO. ST., (City or Town)

20 Original Return Received **Feb. 1, 1906**
 (Month) (Day) (Year)

21 Original Record: Vol. Page No.

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the
Southborough of (Name of City or Town), in accordance with the provisions of Gen. Laws,
 (City or Town)

Chapter 46, Section 13, this **1st** day of **February** 19 **65**, and a copy of these corrections and affidavit
 has been transmitted to the Secretary of the Commonwealth.

Deanna J. Burke

(Registrar)

DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of

Butler in the Town of Southborough
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)

does not fully and correctly state first name, middle initial and proper
maiden name of mother

Item(s) 2 & 13 and that the true statement of facts omitted or incorrectly stated in
said record has been supplied by her on the form of certificate on the other side of this blank.
(Him or her)

SIGNATURE

RESIDENCE

Relation to child, if any

(City or town, street and number, if any)

Helene Frances Butler Donohue Boston Road

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate
the affidavit was: Certificate of Baptism

Then personally appeared before me the person whose signature appear above and made oath
that the statements subscribed to by her are true.

Date, February 1, 1965

Name

Eleanor F. Burke

Official designation

Town Clerk

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

Certificate of Baptism

Certificate of Baptism #2 (Synod VII, 101, §2)



Church of

St. Anne

Southborough, Mass.

Name Helen Frances Butler

Father's Name Dearborn J. Butler

Mother's Maiden Name Delia G. McDonough

Date of Birth March 9, 1905, Boston, Mass.

Date of Baptism April 2, 1905

Sponsors at Baptism Austin McDonough

Mary Fox

Place of Baptism St. Anne's Church, Southboro

Minister of Baptism James Tyrrell

Notations from Baptismal Register

(Signed) Rev.

Richard E. Keville

L. S.

Richard Keville

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

50m (d)-1-41-4695

See reverse side for affidavit.

1		PLACE OF BIRTH <i>Worcester</i> (County) <i>Southborough</i> (City or Town)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH		(City or Town making this return) Registered No..... Deposition No. <i>#1</i>	
NO.....		STREET.....		WARD {		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD <i>Nederick James Wearzell Reall</i>							
3 Sex <i>M</i>	4 If plural Births	(a) Twin, triplet or other.....		5 Born ALIVE or STILLBORN <i>alive</i>	6 Date of Birth <i>Jan. 19, 1905</i>		
3a Color <i>W</i>	(b) Number, in order of birth.....		Month (Day) (Year)				
7 FATHER FULL NAME <i>Nederick Austin Reall</i>				13 MOTHER MAIDEN NAME <i>Agnes Theresa Valade</i> PRESENT NAME <i>Agnes Rose</i>			
8 RESIDENCE, NO. <i>Oakland</i> STREET (At time of birth or adoption)				14 RESIDENCE, NO. STREET (At time of birth or adoption)			
CITY OR TOWN <i>Southborough</i> STATE <i>Mass.</i>				CITY OR TOWN <i>Southborough</i> STATE <i>Mass.</i>			
9 COLOR OR RACE <i>white</i>		10 AGE AT TIME OF BIRTH OR ADOPTION <i>1.9</i> (YEARS)		15 COLOR OR RACE <i>white</i>		16 AGE AT TIME OF BIRTH OR ADOPTION <i>1.9</i> (YEARS)	
11 PLACE OF BIRTH <i>Oakland, Mass.</i> (City or Town) (State or Country)				17 PLACE OF BIRTH <i>Southborough, Mass.</i> (City or Town) (State or Country)			
12 OCCUPATION <i>Printer</i> (At time of birth or adoption)				18 OCCUPATION <i>weaver</i> (At time of birth or adoption)			
19 ATTENDANT AT BIRTH OR INFORMANT <i>Mrs. Valade, Mrs. Wood</i> (Name) (Physician, parent or other, etc.)							
ADDRESS NO. ST. <i>Southville, Mass.</i> (City or Town)							
20 Original Return Received..... (Month) (Day) (Year)				21 Original Record: Vol. Page. No.			
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the..... <i>Town</i> of <i>Southborough</i> in accordance with the provisions of Gen. Laws, (City or Town) (Name of City or Town) Chapter 46, Section 13, this <i>11th</i> day of <i>July</i> , 19 <i>44</i> , and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.							
(Registrar)							

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Rea in the Town of Southborough
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

Mrs. William E. Varnum

RESIDENCE

(City or town, street and number, if any)

Brookfield Mass.

Relation to child, if any

Aunt

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Baptismal Certificate - Jan 19, 1905

Date, July 6, 1944

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name Clifford E. Goddard

Official designation Justice of the Peace
(City or town clerk, assistant clerk, or registrar)

Commission expires March 29, 1951

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

50m (d)-1-41-4695

See reverse side for affidavit.

1 PLACE OF BIRTH Worcester (County) Southville (City or Town)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH		(City or Town making this return) Registered No. Deposition No.	
NO.		STREET		WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD. <u>Frederick James Wenzell Beale</u>					
3 Sex <u>boy</u>	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date of Birth <u>Jan 19 1855</u>	(Month) (Day) (Year)
3a Color <u>white</u>	(b) Number, in order of birth.				
7 FATHER FULL NAME <u>Frederick Austin Beale</u>			13 MOTHER MAIDEN NAME <u>Agnes Theresa Valade</u> PRESENT NAME <u>Agnes Ross</u>		
8 RESIDENCE, NO. <u>Ashland</u> STREET (At time of birth or adoption)			14 RESIDENCE, NO. STREET (At time of birth or adoption)		
CITY OR TOWN <u>Southville</u> STATE <u>Mass.</u>			CITY OR TOWN <u>Southville</u> STATE <u>Mass.</u>		
9 COLOR OR RACE <u>white French</u>	10 AGE AT TIME OF BIRTH OR ADOPTION <u>19</u> (YEARS)		15 COLOR OR RACE <u>white French</u>	16 AGE AT TIME OF BIRTH OR ADOPTION <u>19</u> (YEARS)	
11 PLACE OF BIRTH <u>Ashland Mass Worcester</u> (City or Town) (State or Country)			17 PLACE OF BIRTH <u>Southville Mass Worcester</u> (City or Town) (State or Country)		
12 OCCUPATION <u>printer</u> (At time of birth or adoption)			18 OCCUPATION <u>weaver</u> (At time of birth or adoption)		
19 ATTENDANT AT BIRTH OR INFORMANT. <u>Mother Mrs Valade - Dr Wood</u> (Name) (Physician, parent or other, etc.)					
ADDRESS NO. ST. <u>Southville</u> (City or Town)					
20 Original Return Received. (Month) (Day) (Year)			21 Original Record: Vol. Page. No.		
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the <u>Town</u> of <u>Southville</u> in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this <u>19th</u> day of <u>July</u> 19 <u>44</u> , and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.					
<u>Margaret T. Wenzell</u> (Registrar)					

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of _____ in the _____ of _____,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

RESIDENCE
(City or town, street and number, if any)

Relation to child, if any

Mrs. William E. Varnum

Brookfield, Mass

Aunt

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Baptismal Recorded - Jan 19, 1901

Date, July 6, 1944

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name

Clifford E. Gadane

Official designation

(City or town clerk, assistant clerk, or registrar)

Justice of the Peace

Commission expires March 29, 1951

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING

Certificate of Baptism



Church of

St. Anne

Southboro, Mass.

This is to Certify

That Frederick J. Reale

Child of Frederick Reale

and Agnes Valaide

Born in Southville

on the

19th day of Jan 1905 was Baptized

on the 5th day of Feb 1905

According to the Rite of the Roman Catholic Church

by the Rev. James Tynell

the Sponsors being Philomen Valaide

and

As appears from the Baptismal Register of this Church.

Dated May 26 1944

W. R. Brophy Pastor

PRINT
LEGIBLY OR
TYPE WITH
PERMANENT
BLACK INK.
THIS IS A
PERMANENT
RECORD.



The Commonwealth of Massachusetts
DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS
**AFFIDAVIT AND CORRECTION
OF A RECORD OF BIRTH**

C H I L D M O T H E R F A T H E R C E R T I F I E R	PLACE OF BIRTH	1A. COUNTY WORCESTER	2A. CITY/TOWN MAKING RETURN SOUTHBOROUGH			
		1B. CITY/TOWN SOUTHBOROUGH	2B. REGISTERED NUMBER 2			
		1C. FACILITY NAME—IF NOT IN FACILITY, NUMBER AND STREET	2C. DEPOSITION NUMBER 03			
	NAME: 3A. FIRST ROSE		3B. MIDDLE		3C. LAST BIANCHI	
	4A. SEX Female	5A. PLURALITY (Specify Single, Twin, etc.)	5B. BIRTH ORDER (If not single, Specify Order: First, Second, etc.)	6A. TIME — M	6B. DATE OF BIRTH (Month, Day, Year) January 8, 1906	
	4B. COLOR White				7D. MAIDEN/BIRTH SURNAME Bina	
	NAME: 7A. FIRST Mary		7B. MIDDLE		7C. LAST Bianchi	
	BIRTHPLACE	8A. CITY/TOWN Melino	8B. STATE / COUNTRY Italy		9. OCCUPATION —	
	RESIDENCE: 11A. NUMBER AND STREET (Do not use mailing address)		11B. CITY/TOWN Southborough		11C. COUNTY Ma	11D. STATE —
	NAME: 13A. FIRST Peter		13B. MIDDLE —		13C. LAST Bianchi	
	BIRTHPLACE	15A. CITY/TOWN Melino	15B. STATE/COUNTRY Italy		16. OCCUPATION Laborer	
	18A. TYPE <input type="checkbox"/> AT-BIRTH <input type="checkbox"/> POST-NATAL <input type="checkbox"/> CERTIFIER ONLY		18B. TITLE <input checked="" type="checkbox"/> MD/DO <input type="checkbox"/> CNM <input type="checkbox"/> OTH. RN <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER			
	19. NAME Gilbert O. Noad M.D.					19A. LICENSE NUMBER —
	20A. NO. & STREET —		20B. CITY/TOWN Ashland		20C. STATE Mass.	
	21. DATE OF ORIGINAL RECORDING: January, 1906		22. ORIGINAL RECORD: Vol. 1844- Page 11 No. 2		23. DPH USE ONLY	
	24. The above corrections with reference to the statement on the reverse of this form have been entered upon the birth records of the City/Town of SOUTHBOROUGH in accordance with the provisions of General Laws, Ch. 46, on May 8, 1990 and an attested copy of this form sent to the Commissioner of Public Health on May 15, 1990 (Month, Day, Year)					

Paul J. Berry

PAUL J. BERRY

Clerk or Registrar

TOWN CLERK

AFFIDAVIT

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED
BY WRITTEN EVIDENCE (M.G.L. CHAP. 46)

PRINT
LEGIBLY OR
TYPE WITH
PERMANENT
BLACK INK.
THIS IS A
PERMANENT
RECORD.

THE UNDERSIGNED, being duly sworn, depose and say under penalties of perjury that the record relating to the birth of ROSI MARI BIACHI born in the city or town of

(Give name of child exactly as recorded on the original record)

SOUTHBOROUGH

does not fully and/or correctly state data regarding the
name of ☒ Child, ☒ Mother, ☒ Father, ☐ Certifier,
(i.e., name, age, race, etc.)

☐ Other _____

DEPONENT NAME	RESIDENCE	RELATION TO CHILD/TITLE
<i>Rose Felicia Aspesi</i>	70 Turnpike Rd. Southborough, MA.	self

FURTHER, the written evidence made at or near the time of the birth submitted to substantiate the affidavit was:
BAPTISMAL CERTIFICATE.

THEN, personally appeared before me the person(s) whose signature(s) appear(s) above and made oath that the statements subscribed are true.

Date: May 08, 1990
(Month, Day, Year)

Name: *Paul J. Berry*
PAUL J. BERRY

Official Designation: TOWN CLERK
(City or town clerk, assistant clerk, registrar, or notary)

Certificate of Baptism



Church of

St Anne
Southboro Mass

— This is to Certify —

That Rose Bianchi

Child of Peter Bianchi

and Mary Bina

born in Italy

on the 7th (CITY) day of January (STATE) 1906

was Baptized

on the 12th day of April 1906

According to the Rite of the Roman Catholic Church

by the Rev. James J. Farrell

the Sponsors being { Charles Bina

Felicia Lopez

as appears from the Baptismal Register of this Church.

Dated April 18, 1906

Thomas G. Gribben
Pastor

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

See reverse side for affidavit.

25M-2-62-932278

1 PLACE OF BIRTH
 Worcester
 (County)
 Southborough
 (City or Town)
 No.



The Commonwealth of Massachusetts

KEVIN H. WHITE

SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

(City or Town making this return)

Registered No.

Deposition No. #1 #25

STREET WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD. Louise Bertoloni

3 Sex ^F 4 (a) Twin, triplet or other..... 5 Total number of children born 6 Date
 3a Color ^W If plural Births { (b) Number, in order of birth..... alive previous to this birth..... of Birth January 10, 1906
 (Month) (Day) (Year)

7 FATHER
 FULL NAME Caesar Bertoloni

13 MOTHER
 MAIDEN NAME Theresa Repelli
 PRESENT NAME

8 RESIDENCE, NO. STREET
 CITY OR TOWN Southborough STATE Mass.

14 RESIDENCE, NO. STREET
 CITY OR TOWN Southborough STATE Mass.

9 COLOR White 10 AGE (YEARS)
 OR RACE

15 COLOR White 16 AGE (YEARS)
 OR RACE

11 PLACE OF BIRTH Italy
 (City or Town) (State or Country)

17 PLACE OF BIRTH Italy
 (City or Town) (State or Country)

12 OCCUPATION Laborer

18 OCCUPATION

19 ATTENDANT AT BIRTH OR INFORMANT..... (Name) (Physician, parent or other, etc.)

ADDRESS NO. ST., (City or Town)

20 Original Return Received (Month) (Day) (Year) 21 Original Record: Vol. Page No.

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the
 Town of Southborough, in accordance with the provisions of Gen. Laws,
 (City or Town) (Name of City or Town)

Chapter 46, Section 13, this 6th day of January 19 67, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

Regina → Bark
 (Registrar)

DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of
Louise Chaseri

in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)

does not fully and correctly state first name and last name incorrect,
Father's name and mother's name incorrect

Item(s)....., and that the true statement of facts omitted or incorrectly stated in
said record has been supplied by.....on the form of certificate on the other side of this blank.
(Him or her)

SIGNATURE

RESIDENCE

Relation to child, if any

(City or town, street and number, if any)

<u>Louise Bartoloni Gilgun</u>	<u>5 Berkeley Pl. Framingham Mass.</u>	
--------------------------------	----------------------------------------	--

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate
the affidavit was: Baptismal certificate

Then personally appeared before me the person whose signature appear above and made oath
that the statements subscribed to by her.....are true
Date, January 6, 1967

Name Thomas J. Burke

Official designation Town Clerk

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

Certificate of Baptism



Church of

St Anne
Southboro

— This is to Certify —

That Louise Bertoloni
Child of Caesar Bertoloni
and Theresa Repetti
born in Fayville Mass
(CITY) (STATE)

on the 10th day of January 1906

was **Baptized**
on the 12th day of February 1906

According to the Rite of the Roman Catholic Church
by the Rev. James J. Farrell

the Sponsors being { Felix Ferraro
Melinda Beevi

as appears from the Baptismal Register of this Church.

Dated Jan 5, 1907
Thomas C. Kelley
Pastor

No. 36 #2

Commonwealth of Massachusetts.

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Joe Santone Jr. in the town of Southborough does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record:—

Date of birth, July 16 1906

Name of child, Serafino Santone

Sex, Male

Color, White

Condition (twin, &c.), —

Place of birth, Southboro

Name of father, Giuseppe Joe Santone

Maiden name of mother, Mallori Giulia Minucci

Residence of parents, Southborough (at time the birth occurred.)

Occupation of father, Southborough (at time the birth occurred.)

Birthplace of father, Italy

Birthplace of mother, Italy

SIGNATURE.

Thomas Minucci

RESIDENCE.
(City or town, street and number, if any.)

Fayville Mass

Relation to child, if any.

Grandfather

Date, May 23 1908


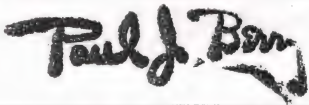
Then personally appeared before me the person whose signature appears above and made oath that the statements subscribed to by him are true.

Chas H. Newton Town Clerk.
(City or town.)

Recorded Page 16 1906

Southboro Mass.

PRINT
LEGIBLY OR
TYPE WITH
PERMANENT
BLACK INK.
THIS IS A
PERMANENT
RECORD.

C H I L D	1A. COUNTY <u>Worcester</u>	 <p>The Commonwealth of Massachusetts DEPARTMENT OF PUBLIC HEALTH REGISTRY OF VITAL RECORDS AND STATISTICS AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH</p>		2A. RETURN MADE BY: <u>Southborough</u>	
	1B. CITY/TOWN <u>Fayville</u>			2B. REGISTERED NUMBER <u>26</u>	
	1C. FACILITY NAME - IF NOT IN FACILITY, NUMBER AND STREET -----			2C. DEPOSITION NUMBER <u>A10-1</u>	
M O T H E R	NAME: 3A. FIRST <u>Leo</u>		3B. MIDDLE <u>--</u>	3C. LAST <u>Pessini</u>	
	4A. SEX <u>Male</u>	5A. PLURALITY (Specify Single, Twin, etc.) <u>Single</u>	5B. BIRTH ORDER (If not single, (Specify Order, First, Second, etc.) <u>---</u>	6A. TIME <u>--</u>	6B. DATE OF BIRTH (Month, Day, Year) <u>September 15, 1906</u>
F A T H E R	4B. RACE <u>White</u>		7A. FIRST <u>Maria</u>		7B. MIDDLE <u>---</u>
	7C. LAST <u>Pessini</u>		7D. MAIDEN/BIRTH SURNAME <u>Malchiodi</u>		10. AGE/DATE OF BIRTH <u>---</u>
C E R T I F I C A T E	BIRTHPLACE: <u>---</u>		8A. CITY/TOWN <u>Italy</u>	9. OCCUPATION <u>---</u>	12. COLOR/RACE <u>---</u>
	RESIDENCE: 11A. NUMBER AND STREET (Do not use mailing address) <u>---</u>		11B. CITY/TOWN <u>Fayville</u>	11C. COUNTY <u>MA</u>	11D. STATE <u>---</u>
R E C O R D E R	NAME: 13A. FIRST <u>Antonio</u>		13B. MIDDLE <u>---</u>	13C. LAST <u>Pessini</u>	
	BIRTHPLACE: <u>---</u>		15A. CITY/TOWN <u>Italy</u>	15B. STATE/COUNTRY <u>---</u>	16. OCCUPATION <u>Laborer</u>
	18A. TYPE <input checked="" type="checkbox"/> AT-BIRTH <input type="checkbox"/> POST-NATAL <input type="checkbox"/> CERTIFIER ONLY		18B. TITLE <input type="checkbox"/> MD/DO <input type="checkbox"/> CNM <input type="checkbox"/> OTH RN <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER		
	19. NAME: <u>---</u>				19A. LICENSE NUMBER <u>---</u>
	20A. NO. & STREET <u>---</u>		20B. CITY/TOWN <u>---</u>		20C. STATE <u>---</u>
	20D. ZIP CODE <u>---</u>				
	21. DATE OF ORIGINAL RECORDING: <u>October 18, 1906</u>		22. ORIGINAL RECORD: Vol. <u>--</u> Page <u>--</u> No. <u>26</u>		23. DPH USE ONLY
	24.  (CLERK OR REGISTRAR)				25. <u>October 5, 2010</u> (DATE OF AMENDMENT)

AFFIDAVIT
ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN
EVIDENCE (M.G.L. c.46)

**PRINT LEGIBLY
OR TYPE WITH
PERMANENT
BLACK INK.
THIS IS A
PERMANENT
RECORD.**

THE UNDERSIGNED, being duly sworn, depose and say under penalties of perjury that the record relating to the birth of Lavie Pessini born in the city or town of _____
(Give name of child exactly as recorded on the original record.)

Southborough does not fully and/or correctly state data regarding the
First Name of ☒ Child, ☐ Mother, ☐ Father,
(i.e. name, age, race, etc.)


☐ Certifier, ☐ Other (specify): _____

DEPONENT NAME	RESIDENCE	RELATION TO CHILD/TITLE
<u>Patricia A Paganella</u>	<u>20 Antrim Rd Framingham MA</u>	<u>daughter</u>

FURTHER, the written evidence made at or near the time of the birth submitted to substantiate the affidavit was:

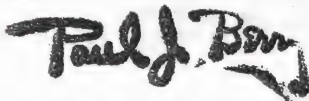
Certified copy of Baptismal certificate on file.

THEN, personally appeared before me the person(s) whose signature(s) appear(s) above and made oath that the statements subscribed are true.

Date: Oct. 5, 2010 Name: 
(Month, Day, Year)

Official Designation: Town Clerk
(city/town clerk/assistant clerk; state/city registrar; or notary)

PRINT
LEGIBLY OR
TYPE WITH
PERMANENT
BLACK INK.
THIS IS A
PERMANENT
RECORD.

C H I L D M O T H E R F A T H E R C E R T I F I C A T E R R E C O R D E R		1. PLACE OF BIRTH		The Commonwealth of Massachusetts DEPARTMENT OF PUBLIC HEALTH REGISTRY OF VITAL RECORDS AND STATISTICS AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH				2A. RETURN MADE BY:	
		1A. COUNTY Worcester		1B. CITY/TOWN Fayville		2A. RETURN MADE BY: Southborough 2B. REGISTERED NUMBER 26 2C. DEPOSITION NUMBER A10-1			
1C. FACILITY NAME - IF NOT IN FACILITY, NUMBER AND STREET ----									
NAME:		3A. FIRST Leo		3B. MIDDLE --		3C. LAST Pessini			
4A. SEX Male		5A. PLURALITY (Specify Single, Twin, etc.) Single		5B. BIRTH ORDER (If not single, (Specify Order, First, Second, etc.) --		6A. TIME -- M		6B. DATE OF BIRTH (Month, Day, Year) September 15, 1906	
4B. RACE White		7A. FIRST Maria		7B. MIDDLE --		7C. LAST Pessini		7D. MAIDEN/BIRTH SURNAME Malchiodi	
BIRTHPLACE:		8A. CITY/TOWN ---		8B. STATE/COUNTRY Italy		9. OCCUPATION ---		10. AGE/DATE OF BIRTH ---	
RESIDENCE: 11A. NUMBER AND STREET (Do not use mailing address) ---		11B. CITY/TOWN Fayville		11C. COUNTY MA		11D. STATE ---		11E. ZIP CODE ---	
12. COLOR/RACE ---		NAME: 13A. FIRST Antonio		13B. MIDDLE ---		13C. LAST Pessini		14. COLOR/RACE ---	
BIRTHPLACE:		15A. CITY/TOWN ---		15B. STATE/COUNTRY Italy		16. OCCUPATION Laborer		17. AGE/DATE OF BIRTH ---	
18A. TYPE <input type="checkbox"/> AT-BIRTH <input type="checkbox"/> POST-NATAL <input type="checkbox"/> CERTIFIER ONLY		18B. TITLE <input type="checkbox"/> MD/DO <input type="checkbox"/> CNM <input type="checkbox"/> OTH RN <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER		19. NAME: ---		19A. LICENSE NUMBER ---			
20A. NO. & STREET ---		20B. CITY/TOWN ---		20C. STATE ---		20D. ZIP CODE ---			
21. DATE OF ORIGINAL RECORDING: October 18, 1906		22. ORIGINAL RECORD: Vol. -- Page -- No. 26		23. DPH USE ONLY					
24.		25.							
									
		(CLERK OR REGISTRAR)		October 5, 2010 (DATE OF AMENDMENT)					

AFFIDAVIT
ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN
EVIDENCE (M.G.L. c.46)

**PRINT LEGIBLY
OR TYPE WITH
PERMANENT
BLACK INK.
THIS IS A
PERMANENT
RECORD.**

THE UNDERSIGNED, being duly sworn, depose and say under penalties of perjury that the record relating to the birth of Lavie Pessini born in the city or town of _____
(Give name of child exactly as recorded on the original record.)

Southborough does not fully and/or correctly state data regarding the
First Name of ☒ Child, ☐ Mother, ☐ Father,
(i.e. name, age, race, etc.)

☐ Certifier, ☐ Other (specify:) _____

DEPONENT NAME	RESIDENCE	RELATION TO CHILD/TITLE
<i>Patricia A Paganella</i>	<i>20 Antrim Rd Framingham MA</i>	<i>daughter</i>

FURTHER, the written evidence made at or near the time of the birth submitted to substantiate the affidavit was:

Certified copy of Baptismal certificate on file.

THEN, personally appeared before me the person(s) whose signature(s) appear(s) above and made oath that the statements subscribed are true.

Date: Oct. 5, 2010 Name: *Paul J. Barry*
(Month, Day, Year)

Official Designation: Town Clerk
(city/town clerk/assistant clerk; state/city registrar; or notary)



**Town of Southborough, Massachusetts
United States of America**

Copy of Birth Record

From the Records of Births in the Town of Southborough, MA, U.S.A.

1. Date of Birth
2. Full Name of Child
3. Sex, Color, and if Twin
4. Place of Birth
5. Residence of Parents
6. Name of Father
7. Occupation of Father
8. Birthplace of Father
9. Name of Mother (maiden)
10. Occupation of Mother
11. Birthplace of Mother

September 15, 1906	Time: ---
Lavie Pessini	
Male, Single	
Fayville, Massachusetts	
Fayville, Massachusetts	
Antonio Pacinni	
Laborer	
Italy	
Maria Malchiodi	

Italy	

Date of Recording Oct. 18, 1906 Date of Amendment August 30, 1971

I, Paul J. Berry, depose and say that I hold the office of Town Clerk of the Town of Southborough, County of Worcester, and Commonwealth of Massachusetts; that the records of births required by law to be kept in said Town are in my custody, and that the above is a true copy from the records of births in said Town, as certified by me.

Witness my hand and seal of Southborough on October 14, 2009

Attest: Paul J. Berry
Paul J. Berry, Town Clerk

Commonwealth of Massachusetts.

COPY OF CERTIFICATE OF INTENTIONS OF MARRIAGE.

This form is for the use of the person officiating when the parties to the marriage are not residents of the city or town in which the marriage is solemnized, and is to be filled out, properly executed and returned, to the registrar or clerk of the city or town in which the marriage took place, on or before the tenth day of the month next following. (See law on back of this sheet.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

ILLEGAL ALTERATIONS OR ERASURES ARE PROHIBITED.

Groom.

Name, Antonio Pessimi

Age, 28 Color, w

Residence, Southborough

Occupation, Teacher

What marriage, first
(1st, 2d, 3d, etc.)

Birthplace, Italy

Name of father, Giuseppe Pessimi

Maiden name of mother, Angela Leonardi

Bride.

Name, Maria Malchiodi
(If a widow or divorced, maiden name also to be given.)

Age, 18 Color, w

Residence, Southborough

Occupation, Domestic

What marriage, first
(1st, 2d, 3d, etc.)

Birthplace, Italy

Name of father, Francesco Malchiodi

Maiden name of mother, Maria Santa Fe

The intentions of marriage by the parties above-named were duly entered by me in the records

of the town of Southborough according to law, this

eight day of November 1891

(Signed) Chas. L. Fairbank Clerk.

Certificate of Marriage.

I, John Clerk of Southborough
(City or Town.)

Hereby certify, that the foregoing is a true copy of the Certificate of Intentions of Marriage

of Southborough 1890, by Southborough Town Clerk

in Southborough Massachusetts, and that the parties named therein were joined in marriage

on the 10 day of Nov 1891

Signature: Rev. Wm. T. Finneran

Residence, Southborough

Official Station, 6 Abbe Street

A True Copy

Attest:

Paul J. Barry

Town Clerk, Southborough

All dates and signatures to be included.

TO BE GIVEN TO
THE PERSON NATURALIZED

No. 4201658



CERTIFICATE OF

CITIZENSHIP

Petition No. 173801

Personal description of holder as of date of naturalization: Age 67 years, sex male, color white;
complexion medium, color of eyes brown, color of hair grey, height 5 feet 5 inches;
weight 160 pounds; visible distinctive marks _____
Marital status married, former nationality Italian

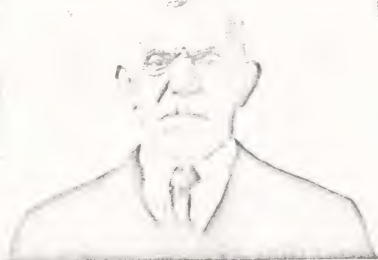
I certify that the description above given is true, and that the photograph affixed hereto is a likeness of me.

ORIGINAL

Antonio Pessini

(Complete and true signature of holder)

(SECURELY AND PERMANENTLY



(1) *Antonio Pessini* D

Seals to cover a portion of the lower
EDGE OF THE PHOTOGRAPH)

Seal

UNITED STATES OF AMERICA
DISTRICT OF MASSACHUSETTS

SS:

Be it known that ANTONIO PESSINI
then residing at Central St., Fayville
having petitioned to be admitted a citizen of the United States of America, and at
a term of the District Court of The United States
held pursuant to law at
Boston on February 15th 19 37
the court having found that the petitioner intends to reside permanently in the
United States, had in all respects complied with the Naturalization Laws of the United
States in such case applicable and was entitled to be so admitted the court thereupon
ordered that the petitioner be admitted as a citizen of the United States of America.
In testimony whereof the seal of the court is hereunto affixed this 15th
day of February in the year of our Lord nineteen hundred and
thirty-seven and of our Independence the one hundred
and sixty-first

James S. Allen
Clerk of the U. S. District Court.

By

Deputy Clerk.

Certificate of Baptism



Church of
Saint Anne

Southborough, Massachusetts

» This is to Certify «

Leo Pessini

That _____

Child of *Antonio Pessini*

and *Maria Malchiodi*

born in *Fayville, MA*

on the *15th* day of *September*, *1906*

was *Baptized*

on the *20th* day of *October*, *1906*

According to the Rite of the Roman Catholic Church

by the Rev. *James Farrell*

the Sponsors being *Peter Blair*

Rose Chella

as appears from the Baptismal Register of this Church.

Dated *September 10, 2010*

Thomas B. Gubick

Pastor

RETURN THIS FORM TO:

MARY RISSE
DIRECTOR OF REGISTRATION
REGISTRY OF VITAL RECORDS AND STATISTICS
470 ATLANTIC AVENUE
2ND FLOOR
BOSTON MASSACHUSETTS 02210-2224

DATE: Oct 5, 2010

COMMUNITY OF: Southborough

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH:

REGISTERED NUMBER	APPROVED	REJECTED	REASON FOR REJECTION
-------------------	----------	----------	----------------------

[illegible]

Any questions regarding these records should be directed to individual completing this form at 617/727-0036.

REGISTRY PERSONNEL COMPLETING THIS FORM: *m E Tison*

Rossi

J. LOWELL BACON, M. D.
SOUTHBOROUGH, MASS.

Oct. 31 1922.

This to certify that Frank J. Rossi
was born March 22. 1907, at Foyville
Mass.

Father's name Peter Rossi Born in Italy.
Laborer. Father age now 52.

Mother. Angelina Born in Italy.
Housewife. Mother age now 42.

I attended this birth.

Signed;

J. Lowell Bacon, M.D.
Southboro Mass.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

50m-(b)-3-43-11574

See reverse side for affidavit.

1 PLACE OF BIRTH
 {
 Worcester (County)
 Southborough (City or Town)



The Commonwealth of Massachusetts
 OFFICE OF THE SECRETARY
 DIVISION OF VITAL STATISTICS
 AFFIDAVIT AND CORRECTION
 OF A RECORD OF BIRTH

(City or Town making this return)

Registered No.

Deposition No. # 1

NO. STREET WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Cecelia Louise Gallivan

3 Sex F 4 { (a) Twin, triplet or other _____
 (b) Number, in order of birth _____
 5 Born ALIVE or STILLBORN Alive 6 Date of Birth July 31, 1907
 (Month) (Day) (Year)

7 FATHER FULL NAME Timothy Gallivan 13 MOTHER MAIDEN NAME Mary Reiley
 PRESENT NAME Mary Gallivan

8 RESIDENCE, NO. MARLBORO ROAD STREET — (At time of birth or adoption)
 CITY OR TOWN Southborough STATE Mass. 14 RESIDENCE, NO. MARLBORO ROAD STREET —
 (At time of birth or adoption)
 CITY OR TOWN Southborough STATE Mass.

9 COLOR OR RACE White 10 AGE AT TIME OF BIRTH OR ADOPTION _____ (Years)
 15 COLOR OR RACE White 16 AGE AT TIME OF BIRTH OR ADOPTION _____ (Years)

11 PLACE OF BIRTH _____ (City or Town) Ireland (State or Country) 17 PLACE OF BIRTH _____ (City or Town) Scotland (State or Country)

12 OCCUPATION Mason (At time of birth or adoption) 18 OCCUPATION HOUSEWIFE (At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT THOMAS GALLIVAN - GOD FATHER (Name) (Physician, parent or other, etc.)
MARGARET COULLAHAN - GOD MOTHER (Name)
 ADDRESS NO. _____ ST. _____ (City or Town)

20 Original Return Received _____ (Month) _____ (Day) _____ (Year) 21 Original Record: Vol. 3 Page 13 No. _____

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the
Town of Southborough _____, in accordance with the provisions of Gen. Laws,
 (City or Town) (Name of City or Town)

Chapter 46, Section 13, this 26th day of July 1917 and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

John J. Rabeni (Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of LOUISA GALLIVAN in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

RESIDENCE
(City or town, street and number, if any)

Relation to child, if any

X Cecelia L. Gallivan

38 Day St Apt 41
W. Somerville
Mass

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

CERTIFICATE OF BAPTISM

Date, July 18. 1949

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name, Norman E. Cowan

Official designation, City Clerk

(City or town clerk, assistant clerk or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

Certificate of Baptism



Church of

St Anne
Southboro

This is to Certify

That *Cecilia Louise Gallivan*

Child of *Timothy Gallivan*

and *Mary A. Reilly*

Born in *Southboro, mass* on the

31 day of *July* 1907 was Baptized

on the *18* day of *August* 1907.

According to the Rite of the Roman Catholic Church

by the Rev. *James J. Farrell*

the Sponsors being *Thomas Gallivan*

and *Margaret Coullihan*

As appears from the Baptismal Register of this Church.

Dated *July 13, 1949*

Rev. Patrick E. Long Pastor

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

20m-10-10-'38. No. 5183-d

no value

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

**AFFIDAVIT AND CORRECTION
OF A RECORD OF BIRTH**

Southborough (COUNTY)
Southborough (CITY OR TOWN)

1 PLACE OF BIRTH

NO. _____ STREET _____ WARD _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD *Ida Smith*

3 Sex *fe* 4 (a) Twin, triplet or other *one* 5 Born ALIVE or STILLBORN *alive* 6 Date *May 9, 1907*

3a Color *w* 4 If plural Births (b) Number, in order of birth *alive* 6 of Birth (MONTH) (DAY) (YEAR)

7 FATHER FULL NAME *Nathan F. Smith* 13 MOTHER MAIDEN NAME *Abigail Herrick*

8 RESIDENCE, NO. _____ STREET _____ (AT TIME OF BIRTH OR ADOPTION) CITY OR TOWN *Southborough* STATE *Mass* 14 RESIDENCE, NO. _____ STREET _____ (AT TIME OF BIRTH OR ADOPTION) CITY OR TOWN *Southborough* STATE *Mass*

9 COLOR OR RACE *White* 10 AGE AT TIME OF BIRTH OR ADOPTION *38* (YEARS) 15 COLOR OR RACE *White* 16 AGE AT TIME OF BIRTH OR ADOPTION *34* (YEARS)

11 PLACE OF BIRTH *Southborough* (CITY OR TOWN) *Mass* (STATE OR COUNTRY) 17 PLACE OF BIRTH *Stow* (CITY OR TOWN) *Mass* (STATE OR COUNTRY)

12 OCCUPATION *Laborer* (AT TIME OF BIRTH OR ADOPTION) 18 OCCUPATION *Housewife* (AT TIME OF BIRTH OR ADOPTION)

19 Attendant at birth or informant *Katon* (NAME) *M.D.* (PHYSICIAN, PARENT OR OTHER, ETC.)

Address No. _____ St. *Southborough* (CITY OR TOWN) *Mass*

20 Original return received (MONTH) (DAY) (YEAR) 21 Original Record: Vol. _____ Page _____ No. _____

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the *Clerk* of *Southborough* (CITY OR TOWN) (NAME OF CITY OR TOWN), in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this _____ day of _____ 19 _____, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

(REGISTRAR)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of _____ } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Ida Phoebe Smith in the Town of Southborough.
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

Angel E Smith

RESIDENCE

(City or town, street and number, if any)

Stilson road
Waltham

Relation to child, if any

Mother

FURTHER, The evidence in writing made near the time of birth submitted to substantiate the affidavit was:

Mother's Statement

Date, _____

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name

William J. Langan

Official designation

City Clerk, Waltham
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING
Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

20m-10-38. No. 5193-d

no value

Southborough (COUNTY) *Southborough* (CITY OR TOWN)

1 PLACE OF BIRTH

NO. _____ STREET _____ WARD _____

2 FULL NAME OF CHILD *Ida Smith*

3 Sex *Female* 4 (a) Twin, triplet or other *one* 5 Born ALIVE or STILLBORN *alive* 6 Date *May 9 1907*

3a Color *W* If plural Births (b) Number, in order of birth _____ of Birth (MONTH) (DAY) (YEAR)

7 FATHER FULL NAME *Nathan P. Smith*

8 RESIDENCE, NO. _____ STREET _____ (AT TIME OF BIRTH OR ADOPTION) CITY OR TOWN *Southborough* STATE *Mass*

9 COLOR *White* 10 AGE AT TIME OF BIRTH OR ADOPTION *38* (YEARS)

11 PLACE OF BIRTH *Southborough Mass* (CITY OR TOWN) (STATE OR COUNTRY)

12 OCCUPATION *Laborer* (AT TIME OF BIRTH OR ADOPTION)

13 MOTHER MAIDEN NAME *Abigail Verlich* PRESENT NAME *Smith*

14 RESIDENCE, NO. _____ STREET _____ (AT TIME OF BIRTH OR ADOPTION) CITY OR TOWN *Southborough* STATE *Mass*

15 COLOR *White* 16 AGE AT TIME OF BIRTH OR ADOPTION *34* (YEARS)

17 PLACE OF BIRTH *Stam Mass* (CITY OR TOWN) (STATE OR COUNTRY)

18 OCCUPATION *Housewife* (AT TIME OF BIRTH OR ADOPTION)

19 Attendant at birth or informant *Baton M. D.* (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.)

Address No. _____ St. *Southborough Mass* (CITY OR TOWN)

20 Original return received (MONTH) (DAY) (YEAR)

21 Original Record: Vol. _____ Page _____ No. _____

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the *Town of Southborough* (CITY OR TOWN) (NAME OF CITY OR TOWN), in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this _____ day of _____, 19____, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

(REGISTRAR)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of _____ } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Ida Phoebe Smith in the Town of Southborough
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

Hazel E Smith

RESIDENCE

(City or town, street and number, if any)

Stelton road
Statham

Relation to child, if any

Mother

FURTHER, The evidence in writing made near the time of birth submitted to substantiate the affidavit was:

Mother's Statement

Date, _____

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name Wilson L. Langan

Official designation City Clerk Statham
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING
Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

Commonwealth of Massachusetts.

No. 41 #2

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Henry Forbes Fermin in the town of Southborough, does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record:—

Date of birth, <u>September 10-1907</u>	Name of father, <u>George F Fermin</u>
Name of child, <u>George Ambrose Pilkington Fermin</u>	Maiden name of mother, <u>Catherine Pilkington</u>
Sex, <u>Male</u>	Residence of parents, <u>Southborough</u> (at time the birth occurred.)
Color, <u>White</u>	Occupation of father, <u>Cordwainer</u> (at time the birth occurred.)
Condition (twin, &c.), <u>-</u>	Birthplace of father, <u>England</u>
Place of birth, <u>Framingham Mass</u>	Birthplace of mother, <u>Ireland</u>

SIGNATURE.

George F Fermin

RESIDENCE.

(City or town, street and number, if any.)

Southborough

Relation to child, if any.

Father

Date, May 8-1931

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

C. L. Fairbanks

Clerk.

(City or town.)

Recorded

May 9-1931

Of

Southborough

Mass.

Commonwealth of Massachusetts.

No. 41 #1

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Joan Mauro in the Town of Southboro, does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record:—

Date of birth, <u>Jan. 18, 1908</u>	Name of father, <u>Pasquale Mauro</u>
Name of child, <u>Joan Mauro</u>	Maiden name of mother, <u>Rachel Gorga</u>
Sex, <u>Female</u>	Residence of parents, <u>Southboro</u> (at time the birth occurred.)
Color, <u>White</u>	Occupation of father, <u>Farmer</u> (at time the birth occurred.)
Condition (twin, &c.),	Birthplace of father, <u>Italy</u>
Place of birth, <u>Southboro</u>	Birthplace of mother, <u>"</u>

SIGNATURE.

Pasquale Mauro

RESIDENCE.

(City or town, street and number, if any.)

Southborough

Relation to child, if any.

Father

Date, October 21 - 1930

Then personally appeared before me the person whose signature appears above and made oath that the statements subscribed to by him are true.

Chas. L. Fairbank

Clerk.

(City or town.)

Recorded _____

Of Southborough Mass.


MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

50m-(b)-3-43-11574

See reverse side for affidavit.

1 PLACE OF BIRTH (County) _____ (City or Town) _____		 <p>The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS</p> <p>AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH</p>		(City or Town making this return)	
NO. STREET WARD { (If birth occurred in a hospital or institution give its NAME instead of street and number,				Registered No. Deposition No. #2	
2 FULL NAME OF CHILD <u>John (Giovanni) Guarneri</u>					
3 Sex <u>M</u>	4 If plural Births { (a) Twin, triplet or other _____ (b) Number, in order of birth _____	5 Born ALIVE or STILLBORN <u>alive</u>		6 Date <u>March 7</u> 1908 (Month) (Day) (Year)	
3a Color <u>W</u>					
7 FATHER FULL NAME <u>Ferdinando Guarneri</u>			13 MOTHER MAIDEN NAME <u>Maria Rigori</u> PRESENT NAME <u>Maria Guarneri</u>		
8 RESIDENCE, NO. _____ STREET _____ (At time of birth or adoption) <u>Southborough</u> <u>Mass.</u> CITY OR TOWN _____ STATE _____			14 RESIDENCE, NO. _____ STREET _____ (At time of birth or adoption) <u>Southborough</u> <u>Mass.</u> CITY OR TOWN _____ STATE _____		
9 COLOR OR RACE <u>White</u>	10 AGE AT TIME OF BIRTH OR ADOPTION _____ (Years)	15 COLOR <u>white</u>	16 AGE AT TIME OF BIRTH OR ADOPTION _____ (Years)		
11 PLACE OF BIRTH <u>Italy</u> (City or Town) _____ (State or Country) _____		17 PLACE OF BIRTH <u>Italy</u> (City or Town) _____ (State or Country) _____			
12 OCCUPATION <u>Laborer</u> (At time of birth or adoption)		18 OCCUPATION _____ (At time of birth or adoption)			
19 ATTENDANT AT BIRTH OR INFORMANT <u>Walter A. Shaw M.D.</u> (Name) _____ (Physician, parent or other, etc.) _____ ADDRESS NO. _____ ST. <u>Southborough</u> (City or Town)					
20 Original Return Received <u>March 15</u> 1908 (Month) (Day) (Year)		21 Original Record: Vol. <u>3</u> Page <u>15</u> No. _____			
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the <u>Town</u> of <u>Southborough</u> , in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this <u>18th</u> day of <u>September</u> 19 <u>07</u> , and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.					

Frank E. Roberson

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Baby Fredinano in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts
omitted or incorrectly stated in said record has been supplied by him on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

RESIDENCE

Relation to child, if any

(City or town, street and number, if any)

Giovanni Guarnieri

New York

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate
the affidavit was: Baptismal and family records

Date, September 18, 1947

Then personally appeared before me the person whose signature appear above and made
oath that the statements subscribed to by him are true.

Name

Francis E. Saberi

Official designation

Ass't Town Clerk

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

Certificate of Baptism



Church of

St. Anne
Southboro, Mass.

This is to Certify

That *John Guarneri*

Child of *Ferdinando Guarneri*

and *Maria Rigori*

Born in *Fayville, Mass.* on the

7 day of *March* 1908 was Baptized

on the *10* day of *May* 1908

According to the Rite of the Roman Catholic Church

by the Rev. *James J. Farrell*

the Sponsors being *Joseph Rigori*

and *Maria Rigori*

As appears from the Baptismal Register of this Church.

Dated *Sept 18, 1947*

Rev. Patrick E. Long Pastor

Commonwealth of Massachusetts.

No.

27#3

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Henry Joseph Baker in the town of Southborough, does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record:—

Date of birth, March 27 - 1908

Name of father, Fred L Baker

Name of child, Henry Joseph Baker

Maiden name of mother, Agnes T Dolan

Sex, Male

Residence of parents, Southborough
(at time the birth occurred.)

Color, White

Occupation of father, Watchman
(at time the birth occurred.)

Condition (twin, &c.), —

Birthplace of father, Marlborough Mass.

Place of birth, Southborough

Birthplace of mother, Manchester England

SIGNATURE.

Fred L Baker

RESIDENCE.

(City or town, street and number, if any.)

Southborough Mass.

Relation to child, if any.

Father

Date,

November 4 - 1925

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Chas. L. Fairbanks

Clerk.

(City or town.)

Recorded

Nov. 4 - 1925

Of

Southborough

Mass.

Commonwealth of Massachusetts.

No. 18 #4

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Charles Michael Firmin in the town of Southborough, does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, <u>Sept 4 - 1908</u>	Name of father, <u>George F Firmin</u>
Name of child, <u>Charles Michael Firmin</u>	Maiden name of mother, <u>Catherine Peltinglin</u>
Sex, <u>Male</u>	Residence of parents, <u>Southborough</u> (at time the birth occurred.)
Color, <u>White</u>	Occupation of father, <u>Sailor</u> (at time the birth occurred.)
Condition (twin, &c.), <u>-</u>	Birthplace of father, <u>England</u>
Place of birth, <u>Southborough</u>	Birthplace of mother, <u>Ireland</u>

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.
<u>George F. Firmin</u>	<u>Southborough</u>	<u>Father</u>

Date, May 9 1931

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Ans. L. Fairbanks Clerk.
(City or town.)

Recorded _____

Of Southborough Mass.

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.
See reverse side for affidavit.

50m-(c)-1-45-15510

1

PLACE OF BIRTH

Worcester

(County)

Southborough

(City or Town)

NO. STREET. WARD

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD

Adolph Perini

3 Sex

W

4

If plural
Births

(a) Twin, triplet or other

(b) Number, in order of birth

5 Born ALIVE or STILLBORN

alive

6 Date

of Birth

September 17, 1908

(Month) (Day) (Year)

7

FULL
NAME

FATHER

Luciano Perini

13

MAIDEN
NAME

MOTHER

Johanna Nardi

PRESENT
NAME

Perini

8

RESIDENCE, NO.

(At time of birth or adoption)

STREET

CITY OR TOWN

Southborough

STATE

Mass.

14

RESIDENCE, NO.

(At time of birth or adoption)

STREET

CITY OR TOWN

Southborough

STATE

Mass.

9

COLOR
OR RACE

white

10

AGE AT TIME OF BIRTH

OR ADOPTION (Years)

15

COLOR
OR RACE

16

AGE AT TIME OF BIRTH

OR ADOPTION (Years)

11

PLACE
OF BIRTH

Italy

(City or Town)

(State or Country)

17

PLACE
OF BIRTH

Italy

(City or Town)

(State or Country)

12

OCCUPATION

Laborer

(At time of birth or adoption)

18

OCCUPATION

Housewife

(At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT

J. Lowell Bacon, M.D.

(Name)

(Physician, parent or other, etc.)

ADDRESS NO.

Latisquama Road

ST.

Southborough

(City or Town)

20 Original Return Received

Sept. 20

1908

(Month)

(Day)

(Year)

21 Original Record: Vol.

3

Page

16

No.

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the

Town

of

Southborough

(City or Town)

(Name of City or Town)

, in accordance with the provisions of Gen. Laws,

Chapter 46, Section 13, this

27th

day of

December

19

, and a copy of these corrections and affidavit

has been transmitted to the Secretary of the Commonwealth.

John J. Baberis

(Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Eugin Parini in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by him on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to child, if any
<u>Frank Perini</u>	<u>Southwill Rd Carville</u>	<u>Brother</u>

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Baptismal record

Date, December 27, 1953

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true

Name. John J. Rabeni

Official designation Town Clerk

(City or town clerk, assistant clerk, or registrar)

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING

Certificate of Baptism



Church of

St Anne
Southboro, Mass

— This is to Certify —

That Adolph Perini
Child of Luciano Perini
and Johanna Nardi
born in Southboro Mass
(CITY) (STATE)

on the 17 day of Sept 19 08

was **Baptized**

on the 7 day of Feb 19 09

According to the Rite of the Roman Catholic Church
by the Rev. John Farrell

the Sponsors being { Antonio Boni
Palmyra Menzolini

as appears from the Baptismal Register of this Church.

Dated Dec 26 1953

Patrick J. Long
Pastor

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

50m-(C)-1-45-15510

See reverse side for affidavit.

1

PLACE OF BIRTH

Worcester

(County)

Southborough

(City or Town)



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION
OF A RECORD OF BIRTH

Southborough

(City or Town making this return)

Registered No.

Deposition No.

NO. STREET WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD

Adolph Perini

3 Sex

3a Color

4

If plural Births

(a) Twin, triplet or other

(b) Number, in order of birth

5 Born ALIVE or STILLBORN

alive

6 Date

of Birth

September 17, 1908

(Month)

(Day)

(Year)

7

FULL NAME

FATHER

Luciano Perini

13

MAIDEN NAME

Johanna Nardi

PRESENT NAME

Perini

8

RESIDENCE, NO.

(At time of birth or adoption)

STREET

CITY OR TOWN

Southborough Mass.

STATE

14

RESIDENCE, NO.

(At time of birth or adoption)

STREET

CITY OR TOWN

Southborough Mass.

STATE

9

COLOR OR RACE

white

10

AGE AT TIME OF BIRTH OR ADOPTION

(Years)

15

COLOR OR RACE

white

16

AGE AT TIME OF BIRTH OR ADOPTION

(Years)

11

PLACE OF BIRTH

(City or Town)

Italy

(State or Country)

17

PLACE OF BIRTH

(City or Town)

Italy

(State or Country)

12

OCCUPATION

Laborer

(At time of birth or adoption)

18

OCCUPATION

Housewife

(At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT

J. Lowell Bacon, M.D.

(Name)

(Physician, parent or other, etc.)

ADDRESS NO.

Laticuama Road

ST.

Southborough

(City or Town)

20 Original Return Received

Sept. 20 1908

(Month)

(Day)

(Year)

21 Original Record: Vol.

3

Page

16

No.

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the

(City or Town)

of

Southborough

(Name of City or Town)

, in accordance with the provisions of Gen. Laws,

Chapter 46, Section 13, this

27th day of

December

has been transmitted to the Secretary of the Commonwealth.

19 50

John J. Gabore (Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts

County of Worcester

ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Rogin Perini in the Town of Southborough (Give name of child exactly as recorded on the original record) (City or town) (Name of city or town) does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by him on the form of certificate (Him or her) on the other side of this blank.

SIGNATURE

RESIDENCE
(City or town, street and number, if any)

Relation to child, if any

Frank Perini

/Southville Road, Southboro Brother

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Baptismal record

Date, December 27, 1953

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Name

John J. Raben

Official designation

Town Clerk

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

20M-11-68-948459

See reverse side for affidavit.

1 PLACE OF BIRTH
 {
 Worcester
 (County)
 Southborough
 (City or Town)
 No.



The Commonwealth of Massachusetts
 JOHN F. X. DAVOREN
 SECRETARY OF THE COMMONWEALTH

DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH

Southborough
 (City or Town making this return)

Registered No. #1 46

Deposition No. #1 44T

STREET WARD { (If birth occurred in a hospital or institution,
 give its NAME instead of street and number)

2 FULL NAME OF CHILD Eugene Peter Rossi

3 Sex M 4 { (a) Twin, triplet or other..... 5 Total number of children born 6 Date
 3a Color W If plural Births (b) Number, in order of birth..... alive previous to this birth..... of Birth May 24, 1909
 (Month) (Day) (Year)

7 FATHER
 FULL NAME Peter Rossi

13 MOTHER
 MAIDEN NAME Angela Malchiodi
 PRESENT NAME Angela Rossi

8 RESIDENCE, NO. STREET
 CITY OR TOWN Fayville STATE Mass.

14 RESIDENCE, NO. STREET
 CITY OR TOWN Fayville STATE Mass.

9 COLOR OR RACE..... 10 AGE (YEARS)

15 COLOR OR RACE..... 16 AGE (YEARS)

11 PLACE OF BIRTH Italy
 (City or Town) (State or Country)

17 PLACE OF BIRTH Italy
 (City or Town) (State or Country)

12 OCCUPATION Laborer

18 OCCUPATION

19 ATTENDANT AT BIRTH OR INFORMANT J. H. Bacon Physician
 (Name) (Physician, parent or other, etc.)

ADDRESS NO. ST., Southborough, Mass.
 (City or Town)

20 Original Return Received May 27, 1909 21 Original Record: Vol. 1844 Page 17 No. 23
 (Month) (Day) (Year)

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the
 Town Southborough of in accordance with the provisions of Gen. Laws,
 (City or Town) (Name of City or Town)

Chapter 46, Section 13, this 19th day of February 1974, and a copy of these corrections and affidavit
 has been transmitted to the Secretary of the Commonwealth.

Paul J. Berg, Town Clerk (Registrar)

DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts

County of Worcester

ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of

James Emedo Rosi in the Town of Southborough

(Give name of child exactly as recorded on the original record)

(city or town)

(Name of city or town)

does not fully and correctly state First Name, Middle Name, Last Name

Item(s) 2, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by on the form of certificate on the other side of this blank.

(Him or her)

SIGNATURE

Eugene Peter Rossi

RESIDENCE

(City or town, street and number, if any)

1 Meadow Lane, Southborough

Relation to child, if any

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was: Statement on Marriage of Mother & Father CNBL on file. Birth Record of older Brother on file. Notarized Translation of Birth Certificates Italy name, place, & date of Birth on file. Assessors Records Dated May 1, 1903 - Fathers Poll Tax & Property Tax on file. Relation to Mothers Maiden name Italy date of Birth on file. Baptismal Certificate on file.

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by Him are true.

Date, February 19, 1974

Name

Paul J. Berry

Official designation Town Clerk

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.



Baptismal Certificate

Eugene Peter Rossi
child of Peter Rossi and
Angele Malchiodi
born on May 24, 1909
place Southborough, Mass.

*was reborn of water and the Holy Spirit as a
child of God at the Sacred font of Baptism*

on October 30, 1909 in

St. Anne's Church
20 Boston Rd. Southboro, Mass. 01772

by the Reverend James Farrell

Godfather Rocco Renzi

Godmother Antonia Ebilio

issued by Philip Santoro pastor date Feb. 21, 1974



Repubblica Italiana



Comune di VIGOLZONE

UFFICIO DI STATO CIVILE

CERTIFICATO DI NASCITA

ANNOTAZIONI

La controminuta Malchiodi Angela
addì 12 gennaio 1896 si maritò in
Rivergato con Rossi Pietro come da atto
n. 4 iscritto nel relativo registro. -



Il sottoscritto Ufficiale di Stato Civile del Comune di

VIGOLZONE

certifica che dal registro degli atti di nascita
dell'anno mille ottocento settantasei serie A

vol. Unico parte I n. 71 risulta che

nel giorno Venti del mese di giugno

milleottocentasettantasei è nato

in Vigolzone

Malchiodi Angela

da fu Antonio

e da Magistrati Rosa

Rilasciato in carta libera per liquidazione di pensione.

VIGOLZONE, addì 13 SET. 1950

L'UFFICIALE DI STATO CIVILE

Repaccioli

Visto per la legalizzazione della firma del

Sig. Repaccioli Roberto

Ufficiale di Stato Civile di Vigolzone

Rivergato, addì 15 Settembre 1950

Il Presidente del Tribunale Civile e Penale:

IL PRESORE

(Dott. Ernesto De Benedetti)

Ernesto De Benedetti

Il Cancelliere





Reg. Certif.

Repubblica Italiana

Cat. 469 -



COMUNE DI RIVERGARO

PROVINCIA DI Piacenza

UFFICIO DI STATO CIVILE

CERTIFICATO DI NASCITA

ANNOTAZIONI

Il sottoscritto Ufficiale dello Stato Civile del Comune
di Rivergaro certifica che dal Registro degli
Atti di Nascita dell'anno mille ottocentonovantasei
volume unico parte I/a serie A N. 158 risulta che nel
giorno ventidue del mese di novembre
mille ottocentonovantasei
è nata in Rivergaro

Nulla risulta

ROSSI Maria

da Pietro

e da Malchiodi Angela

Rilasciato in carta libera per la liquidazione di pensione

Dall'Ufficio Comunale, li 5 settembre 1950 19



L'UFFICIALE DELLO STATO CIVILE

Visto per la legalizzazione della firma del
signor Tagliaferri Vittorio
Ufficiale dello Stato Civile di Rivergaro

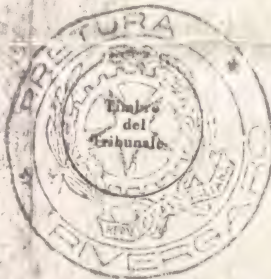
(vedi retro "diritti pagati")

Rivergaro, li 5 settembre 1950

IL PRESIDENTE
del Tribunale Civile e Penale

Il Pretore Il Cancelliere
(Dott. Ernesto De Benedictis)

Ernesto De Benedictis



Provincia di Piacenza

Comune di Rivergaro

CERTIFICATO

DI

NASCITA

L'Ufficiale dello Stato Civile

CERTIFICA

che

Rossi Vittorio

figlio di

Pietro della Malchioli Angela

è nato

in questo Comune addì

21 Aprile

1899

come risulta dall'Atto

Nascita N. *55*

Rilasciato in carta libera da bollo per

scopo di lavoro

Rivergaro, addì

16 agosto 1902

L'Ufficiale dello Stato Civile

Uff. Civ. Rivergaro



Office of Town Clerk
Main Street
Southborough, Mass. 01772
Att: Mr. Paul Berry - Clerk

Mr. Berry

This statement is to inform you that my efforts
to obtain a Marriage Certificate for Pietro (Peter)
Rossi and Angela Malchiodi from their home town
Rivergaro, Italy cannot be located.

Eugene P Rossi

Mr. Dolan called: Vital Stat. 9/13/74,

Deposition: NO. #1

Middle name + last name of child fine

Question was mother's maiden name;

relationship to child.

We have mother's birth Certif. on file.

Mr. Dolan accepted that. It was
stated on back of Deposition.

In the future Mr. Dolan said:

Photo. Copies should be made of
documents of Foreign origin and
translated into English; then
submitted.

Fannie.

PR

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption. See reverse side for affidavit.

50m-(1)-3-43-11574

1 PLACE OF BIRTH
(County) _____
(City or Town) _____



The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION
OF A RECORD OF BIRTH

(City or Town making this return)

Registered No.

Deposition No. #3

NO. STREET. WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD Ella Van Dergze Washington

3 Sex _____ 4 If plural Births { (a) Twin, triplet or other _____ 5 Born ALIVE or STILLBORN _____ 6 Date of Birth March 4th 1909
(Month) (Day) (Year)

7 FATHER
FULL NAME Edwin Orland Washington

13 MOTHER
MAIDEN NAME Frances Chestnut
PRESENT NAME _____

8 RESIDENCE, NO. School STREET _____
(At time of birth or adoption)
CITY OR TOWN Southborough STATE Mass

14 RESIDENCE, NO. School STREET _____
(At time of birth or adoption)
CITY OR TOWN Southborough STATE Mass

9 COLOR C. Olouf 10 AGE AT TIME OF BIRTH OR ADOPTION 29 (Years)

15 COLOR Colored 16 AGE AT TIME OF BIRTH OR ADOPTION 29 (Years)

11 PLACE OF BIRTH New York
(City or Town) (State or Country)

17 PLACE OF BIRTH North Carolina - 4
(City or Town) (State or Country)

12 OCCUPATION Steward
(At time of birth or adoption)

18 OCCUPATION _____
(At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT Dr. J. Lowell Bacon
(Name) (Physician, parent or other, etc.)

ADDRESS NO. _____ ST. Southborough
(City or Town)

20 Original Return Received _____
(Month) (Day) (Year)

21 Original Record: Vol. _____ Page _____ No. _____

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the _____ of _____, in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this 15th day of June, 1909, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.

Wm. T. W. W. W.
(Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Emma Washington in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts
omitted or incorrectly stated in said record has been supplied by her on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

RESIDENCE
(City or town, street and number, if any)

Relation to child, if any

Frances C. Elliott

3 Whitney St
Westborough

Mother
Mass.

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was:

Baptismal Record

Date, April 23, 1945

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Name Margie T. McDonald

Official designation Totam Public
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

To whom it may concern:-

This is to certify that the baptism of
Ella Van Derzee Washington is recorded
as follows in the Parish Register of
St. Mark's Church Southborough, Mass.-

Place and date of Baptism. St. Mark's Church Southborough
May 2, 1909

Infant or Adult-	I
Christian name	Ella Van Derzee
Surname	Washington
Place & date of birth.	Southborough, Mass., March 4, 1909
Parents	{ Edwin Cleland Washington Frances Chestnut Washington
Sponsors	{ Bertha Jacobs Agnes Van Derzee William Van Derzee
Officiating Minister	Henry Goddard.

This is a true copy.

Robert F. Cheney

Rector of St. Mark's Church
Southborough, Mass.

Commonwealth of Massachusetts.

No. 24-#7

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Mary Emmelinda Smith in the town of Southborough, does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, <u>July 18 - 1909</u>	Name of father, <u>Louis Bertozzaggi</u>
Name of child, <u>Maria ^{Emmelinda} Bertozzaggi</u>	Maiden name of mother, <u>Louisa Eastonetti</u>
Sex, <u>Female</u>	Residence of parents, _____ (at time the birth occurred.)
Color, <u>White</u>	Occupation of father, <u>Laborer</u> (at time the birth occurred.)
Condition (twin, &c.), <u>-</u>	Birthplace of father, <u>Italy</u>
Place of birth, <u>Southborough Mass</u>	Birthplace of mother, <u>Italy</u>

SIGNATURE. <u>Louis Bertozzaggi</u>	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any. <u>Father</u>

Date, January 29 - 1925

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Clerk.
Chas. L. Fairbanks
(City or town.)

Recorded January 29 - 1925 Of Southborough Mass.

Commonwealth of Massachusetts.

No. 31 #8

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of Licio Sanclini in the town of Southborough, does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, <u>Sept. 8th 1909</u>	Name of father <u>Joe Sanclini</u>
Name of child, <u>Fred Joseph Sanclini</u>	Maiden name of mother <u>Annunziata Carboni</u>
Sex, <u>Male</u>	Residence of parents, <u>Southborough</u> (at time the birth occurred.)
Color, <u>Wh.</u>	Occupation of father, <u>Labourer</u> (at time the birth occurred.)
Condition (twin, &c.),	Birthplace of father, <u>Italy</u>
Place of birth, <u>Southborough</u>	Birthplace of mother, <u>Italy</u>

SIGNATURE.

RESIDENCE.
(City or town, street and number, if any.)

Relation to child, if any.

Annunziata Carboni

Southborough

Mother

Date, Sept 21- 1928

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Recorded Sept 21-1928

Chas. L. Fairbank Clerk.
(City or town.)
Of Southborough Mass.

Commonwealth of Massachusetts.

No. 41 #5

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of _____ in the _____ of _____, does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record:—

Date of birth, <u>May 13-1909</u>	Name of father, <u>Charles Delaroda</u>
Name of child, <u>Angelo Delaroda</u>	Maiden name of mother, <u>Louisa Busconi</u>
Sex, <u>Male</u>	Residence of parents, <u>Southborough</u> (at time the birth occurred.)
Color, <u>White</u>	Occupation of father, <u>Labourer</u> (at time the birth occurred.)
Condition (twin, &c.), _____	Birthplace of father, <u>Italy</u>
Place of birth, <u>Southborough</u>	Birthplace of mother, <u>Italy</u>

SIGNATURE.	RESIDENCE. (City or town, street and number, if any.)	Relation to child, if any.
<u>Louisa Delaroda</u> <u>mother</u>	<u>Cherry St. Southborough</u>	<u>Mother</u>
<u>Mitigating</u> <u>Daisy Delaroda</u>		

Date, May 13-33

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true.

Recorded May 13-33

C. R. Fawcett Clerk.
(City or town.)
Of Southborough Mass.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

20m-10-38. No. 5193-d

1	PLACE OF BIRTH	Worcester (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS	(CITY OR TOWN MAKING THIS RETURN)	
		Southborough (CITY OR TOWN)				
NO.		Central St		STREET		WARD
2 FULL NAME OF CHILD John Joseph Rabeni						
3 Sex	m	4	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date	
3a Color	w	If plural Births	(b) Number, in order of birth	alive	April 6, 1909	
					(MONTH)	(DAY) (YEAR)
7	FATHER			13	MOTHER	
FULL NAME	Joseph Rabeni			MAIDEN NAME	Josephine Aspesi	
				PRESENT NAME	Rabeni	
8	RESIDENCE, NO.			14	RESIDENCE, NO.	
	(AT TIME OF BIRTH OR ADOPTION)				(AT TIME OF BIRTH OR ADOPTION)	
	CITY OR TOWN Southborough				CITY OR TOWN Southborough	
	STATE Mass				STATE Mass.	
9	COLOR OR RACE	10	AGE AT TIME OF BIRTH OR ADOPTION	15	COLOR OR RACE	16
	white		-- (YEARS)		white	-- (YEARS)
11	PLACE OF BIRTH	17	PLACE OF BIRTH		Italy	17
	Italy		Italy			
	(CITY OR TOWN)		(STATE OR COUNTRY)			
12	OCCUPATION	18	OCCUPATION		at home	
	laborer					
	(AT TIME OF BIRTH OR ADOPTION)		(AT TIME OF BIRTH OR ADOPTION)			
19	Attendant at birth or informant Dr. Walter A. Shaw			19		
	(NAME)			(PHYSICIAN, PARENT OR OTHER, ETC.)		
	Address No.			Southborough		
				(CITY OR TOWN)		
20	Original return received	April 7 1909	21	Original Record: Vol. 3	Page 17	No. 17
	(MONTH)	(DAY)	(YEAR)			
22	The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the					
	Town	Southborough				
	(CITY OR TOWN)	(NAME OF CITY OR TOWN)				
Chapter 46, Section 13, this 1st day of March 1909 and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.						

John J. Rabeni

(REGISTRAR)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Baby Rabbini in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

Josephine Rabbini

RESIDENCE

(City or town, street and number, if any)

Southborough

Relation to child, if any

mother

FURTHER, The evidence in writing made near the time of birth submitted to substantiate the affidavit was:

family bible record

Date, March 1, 1950

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by her are true

Name

John J. Rabbini

Official designation

Town Clerk

(City or town clerk, assistant clerk, or registrar)

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

MARGIN RESERVED FOR BINDING

Commonwealth of Massachusetts.

No. 35 #1

DEPOSITION

CORRECTING RECORD RELATIVE TO A BIRTH.

(St. 1897, Chap. 444, Sect. 14.)

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

The undersigned on oath depose and say that the record relating to the birth of John Pescini in the town of Southborough, does not fully and correctly state all the facts relating to said birth, and that the following is a true statement of facts omitted or incorrectly stated in said record: —

Date of birth, January 25 - 1909

Name of child, John Pescini

Sex, male

Color, white

Condition (twin, &c.),

Place of birth, Southborough

Name of father Antonio Pescini

Maiden name of mother, Maria Malchiordi

Residence of parents, Southborough
(at time the birth occurred.)

Occupation of father, Laborer
(at time the birth occurred.)

Birthplace of father, Italy

Birthplace of mother, Italy

SIGNATURE.

Antonio Pescini
father

RESIDENCE.

(City or town, street and number, if any.)

Southborough Mass

Relation to child, if any.

Father

Date, March 15

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Chas. L. Furbush Clerk.
(City or town.)

Recorded Mar. 15 1928

Of Southborough Mass.

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

See reverse side for affidavit.

25M-2-62-932278

1 PLACE OF BIRTH
 Worcester
 (County)
 Southborough
 (City or Town)



The Commonwealth of Massachusetts
 KEVIN H. WHITE
 SECRETARY OF THE COMMONWEALTH
 DIVISION OF VITAL STATISTICS
**AFFIDAVIT AND CORRECTION
 OF A RECORD OF BIRTH**

(City or Town making this return)

Registered No.

Deposition No. 2342

No. STREET WARD {If birth occurred in a hospital or institution,
 give its NAME instead of street and number}

2 FULL NAME OF CHILD Charles Bertoloni

3 Sex M 4 If plural Births { (a) Twin, triplet or other..... 5 Total number of children born 6 Date January 28, 1909
 3a Color W (b) Number, in order of birth..... alive previous to this birth..... of Birth (Month) (Day) (Year)

7 FATHER
 FULL NAME Caesar Bertoloni

13 MOTHER
 MAIDEN NAME Theresa Repetti
 PRESENT NAME

8 RESIDENCE, NO. STREET
 CITY OR TOWN Southborough STATE

14 RESIDENCE, NO. STREET
 CITY OR TOWN Southborough Mass. STATE

9 COLOR White 10 AGE (YEARS)
 OR RACE

15 COLOR White 16 AGE (YEARS)
 OR RACE

11 PLACE OF BIRTH Italy
 (City or Town) (State or Country)

17 PLACE OF BIRTH Italy
 (City or Town) (State or Country)

12 OCCUPATION Laborer

18 OCCUPATION

19 ATTENDANT AT BIRTH OR INFORMANT..... (Name) (Physician, parent or other, etc.)

ADDRESS NO. ST., (City or Town)

20 Original Return Received Jan. 30, 1909
 (Month) (Day) (Year)

21 Original Record: Vol. Page No.

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the
Town of Southborough, in accordance with the provisions of Gen. Laws,
 (City or Town) (Name of City or Town)

Chapter 46, Section 13, this 6th day of January 19 67, and a copy of these corrections and affidavit
 has been transmitted to the Secretary of the Commonwealth.

Thomas F. Burke
 (Registrar)

DEPOSITION

ALL ADDITIONS AND CORRECTIONS MUST BE SUBSTANTIATED BY WRITTEN EVIDENCE (Sect. 13 of Chap. 46)

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of
Charles Cesaro in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)
does not fully and correctly state 1st name incorrect, name of father
incorrect, spelling of maiden name of mother incorrect
Item(s) 2, 7 & 13 and that the true statement of facts omitted or incorrectly stated in
said record has been supplied by him on the form of certificate on the other side of this blank.
(Him or her)

SIGNATURE

Charles L. Bartolone

RESIDENCE

(City or town, street and number, if any)

14 Bird St. Rockport, Mass.

Relation to child, if any

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate
the affidavit was: Baptismal certificate

Then personally appeared before me the person whose signature appear above and made oath
that the statements subscribed to by him are true.

Date, Jan. 6, 1967

Name Leoann S. Burke

Official designation Town Clerk
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

Certificate of Baptism



Church of

St. Anne's
Southern

— This is to Certify —

That Charles Butoloni
Child of Caesar Butoloni
and Theresa Regelli
born in Tayville Mass
(CITY) (STATE)

on the 26th day of January 1909

was Baptized

on the 14th day of February 1909

According to the Rite of the Roman Catholic Church
by the Rev. James J. Farrell

the Sponsors being { Charles Rabeni
Rose Mitchell

as appears from the Baptismal Register of this Church.

Dated Jan 5, 1967

Thomas J. Farrell
Pastor

Certificate of Baptism



Church of

St Anne
Southboro, Mass

— This is to Certify —

That Josephine Bianchi
Child of Peter Bianchi
and Mary Bina
born in Italy

(CITY)

(STATE)

on the 17th day of January 1909

was Baptized

on the 14th day of February 1909

According to the Rite of the Roman Catholic Church
by the Rev. James J. Farrell

the Sponsors being { Joseph Bina
Mary Barker

as appears from the Baptismal Register of this Church.

Dated April 18, 1960

Thomas G. Gentry
Pastor

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

See reverse side for affidavit.

20m-10-38, No. 5193-d

1 PLACE OF BIRTH Worcester (COUNTY) Southborough (CITY OR TOWN)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS AFFIDAVIT AND CORRECTION OF A RECORD OF BIRTH		(CITY OR TOWN MAKING THIS RETURN) Registered No. _____ Deposition No. #1	
NO. _____		STREET _____		WARD _____	
2 FULL NAME OF CHILD <i>Morance Lindsay</i>					
3 Sex <input checked="" type="checkbox"/> Male	4 <input type="checkbox"/> Twin, triplet or other	5 Born ALIVE or STILLBORN <i>alive</i>	6 Date of Birth <i>June 1, 1910</i>		
3a Color _____	4a If plural Births _____	(b) Number, in order of birth _____	(MONTH) _____	(DAY) _____	(YEAR) _____
7 FATHER FULL NAME <i>Thomas P. Lindsay</i>			13 MOTHER MAIDEN NAME <i>Florence Field</i> PRESENT NAME <i>Lindsay</i>		
8 RESIDENCE, NO. <i>Main Street</i> STREET (AT TIME OF BIRTH OR ADOPTION)			14 RESIDENCE, NO. _____ STREET (AT TIME OF BIRTH OR ADOPTION)		
CITY OR TOWN <i>Southborough</i> STATE <i>Mass</i>			CITY OR TOWN <i>Southborough</i> STATE <i>Mass</i>		
9 COLOR OR RACE <i>White</i>	10 AGE AT TIME OF BIRTH OR ADOPTION <i>30</i> (YEARS)	15 COLOR OR RACE <i>White</i>		16 AGE AT TIME OF BIRTH OR ADOPTION <i>26</i> (YEARS)	
11 PLACE OF BIRTH <i>Georgetown D.C.</i> (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH <i>Chicago</i> <i>Illinois</i> (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION <i>Lawyer</i> (AT TIME OF BIRTH OR ADOPTION)			18 OCCUPATION <i>Housewife</i> (AT TIME OF BIRTH OR ADOPTION)		
19 Attendant at birth or informant <i>Dr. J. Lowell Baern</i> (NAME) (PHYSICIAN, PARENT OR OTHER, ETC.) Address No. _____ St. <i>Southborough</i> <i>Mass</i> (CITY OR TOWN)					
20 Original return received _____ (MONTH) (DAY) (YEAR)			21 Original Record: Vol. <i>3</i> Page <i>20</i> No. _____		
22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the _____ of _____, in accordance with the provisions of Gen. Laws, Chapter 46, Section 13, this _____ day of _____, 19____, and a copy of these corrections and affidavit has been transmitted to the Secretary of the Commonwealth.					
(CITY OR TOWN) (NAME OF CITY OR TOWN)					
(REGISTRAR)					

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts }
County of Worcester } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Florence Lindsay in the Town of Southborough
(Give name of child exactly as recorded on the original record) (City or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by her on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

RESIDENCE
(City or town, street and number, if any)

Relation to child, if any

<u>Mrs. Florence Field Lindsay</u>	<u>Southborough Mass</u>	<u>Mother</u>
<u>Knowledge furnished by mother</u>		

FURTHER, The evidence in writing made near the time of birth submitted to substantiate the affidavit was:

Date, June 26th 1941

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by _____ are true.

Name _____

Official designation _____
(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except records of illegitimate persons that have had their names changed by court decree or have become legitimate by the marriage of their parents.

WRITE PLAINLY, WITH UNFADING BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON — THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office, except in cases of change of name of illegitimate persons by court decree or by adoption.

See reverse side for affidavit.

25M-4-59-925100

1 PLACE OF BIRTH
 Worcester
 (County)
 Southborough
 (City or Town)



The Commonwealth of Massachusetts
 JOSEPH D. WARD
 SECRETARY OF THE COMMONWEALTH
 DIVISION OF VITAL STATISTICS
**AFFIDAVIT AND CORRECTION
 OF A RECORD OF BIRTH**

(City or Town making this return)

Registered No.

Deposition No. #28 #2

No. STREET WARD {If birth occurred in a hospital or institution,
 (give its NAME instead of street and number)

2 FULL NAME OF CHILD Dominic Rossi

3 Sex ^M 4 { (a) Twin, triplet or other 5 Born ALIVE or STILLBORN 6 Date September 27, 1910
 3a Color ^W If plural Births { (b) Number, in order of birth of Birth (Month) (Day) (Year)

7 FATHER
 FULL NAME Francisco (Frank) Rossi

13 MOTHER
 MAIDEN NAME Constantina Libelli
 PRESENT NAME

8 RESIDENCE, NO. STREET
 (At time of birth or adoption)
 CITY OR TOWN Southborough STATE Mass.

14 RESIDENCE, NO. STREET
 (At time of birth or adoption)
 CITY OR TOWN Southborough STATE Mass.

9 COLOR White 10 AGE AT TIME OF BIRTH
 OR RACE OR ADOPTION (YEARS)

15 COLOR White 16 AGE AT TIME OF BIRTH
 OR RACE OR ADOPTION (YEARS)

11 PLACE OF BIRTH Italy
 (City or Town) (State or Country)

17 PLACE OF BIRTH Italy
 (City or Town) (State or Country)

12 OCCUPATION Laborer
 (At time of birth or adoption)

18 OCCUPATION
 (At time of birth or adoption)

19 ATTENDANT AT BIRTH OR INFORMANT (Name) (Physician, parent or other, etc.)

ADDRESS NO. ST., (City or Town)

20 Original Return Received Oct. 1, 1910
 (Month) (Day) (Year)

21 Original Record: Vol. Page No.

22 The above corrections with reference to the statement on the back of this blank have been entered upon the birth records of the
 Town of Southborough, in accordance with the provisions of Gen. Laws,
 (City or Town) (Name of City or Town)

Chapter 46, Section 13, this 11th day of October, 1968, and a copy of these corrections and affidavit
 has been transmitted to the Secretary of the Commonwealth.

Eleonora Burke
 (Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK OR USE APPROVED BLACK TYPEWRITER RIBBON

The Commonwealth of Massachusetts

County of Worcester

ss.:

The undersigned, being duly sworn, depose and say that the record relating to the birth of Dominic Rossi in the Town of Southborough,
(Give name of child exactly as recorded on the original record) (city or town) (Name of city or town)
does not fully and correctly state all the facts relating to said birth, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by him on the form of certificate
(Him or her)
on the other side of this blank.

SIGNATURE

Dominic Rossi

RESIDENCE

(City or town, street and number, if any)

10 Samson Drive,
Westboro, Mass.

Relation to child, if any

FURTHER, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was: Baptismal certificate

Date, October 11, 1968

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by him are true.

Name

Eleanna T Burke

Official designation

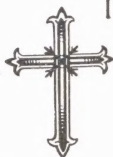
Town Clerk

(City or town clerk, assistant clerk, or registrar)

MARGIN RESERVED FOR BINDING

Records can only be corrected in accordance with the facts as they actually existed at the time the event occurred. Names that have been changed or subsequently acquired, cannot be the basis for an amendment or correction of the original record, except by adoption, and further, records of illegitimate persons that have had their names changed by court decree or by adoption or have become legitimate by the marriage of their parents.

Certificate of Baptism



Church of

St. Anne
Southboro, Mass.

— This is to Certify —

That Dominic Rossi
Child of Francis Rossi
and Constantina Libelli
born in Southboro Mass.
(CITY) (STATE)

on the 27th day of September 1910
was **Baptized**

on the 20th day of November 1910

According to the Rite of the Roman Catholic Church
by the Rev. James Farrell

the Sponsors being Dominic Mitchell
Delima Rossi

as appears from the Baptismal Register of this Church.

Dated October 11, 1968

Rev. David A. Holley
Pastor